



Centers for Medicare & Medicaid Services

Medicare Drug Price Negotiation Program

Medicare Transaction Facilitator (MTF)

User Guide

Version 1.0

06/09/2025

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1. Introduction

On January 1, 2026, the maximum fair prices negotiated under the Medicare Drug Price Negotiation Program (hereinafter the “Negotiation Program”) will go into effect for the first ten drugs selected for negotiation under Medicare Part D. As described in the [Medicare Drug Price Negotiation Program Final Guidance for 2027 and Manufacturer Effectuation of the Maximum Fair Price in 2026 and 2027](#), primary manufacturers are responsible for ensuring that negotiated maximum fair prices are available to eligible beneficiaries, dispensing entities (pharmacies, mail-order pharmacies, and other entities dispensing Part D drugs), and third-party support entities (such as pharmacy services administrative organizations or remittance/reconciliation vendors) under the Negotiation Program.

Under the Negotiation Program, CMS has developed the Medicare Transaction Facilitator (MTF) system which is composed of two modules: the MTF Data Module (MTF DM) and the MTF Payment Module (MTF PM). The MTF is a web-based platform developed to support the exchange of certain pharmacy claims data with primary manufacturers and to facilitate maximum fair price refund payments from participating primary manufacturers to dispensing entities dispensing drugs with negotiated maximum fair prices. Participation in the MTF DM is mandatory for primary manufacturers and dispensing entities to facilitate access to negotiated maximum fair prices for selected drugs. The MTF PM is a voluntary payment facilitation option for primary manufacturers, helping them pass through maximum fair price refund payments to dispensing entities.

This document outlines how primary manufacturer, dispensing entity, and third-party support entity users can access and interact with the MTF system based on their roles.

CMS will periodically update this User Guide as new MTF components are released.

2. MTF System Overview

Implementing the Negotiation Program requires that multiple interested parties and systems work together. **Figure 1** depicts the MTF ecosystem, how the system interacts and the types of users that will access it. As mentioned, the MTF PM is an optional solution to assist primary manufacturers in making payments and dispensing entities in receiving funds.

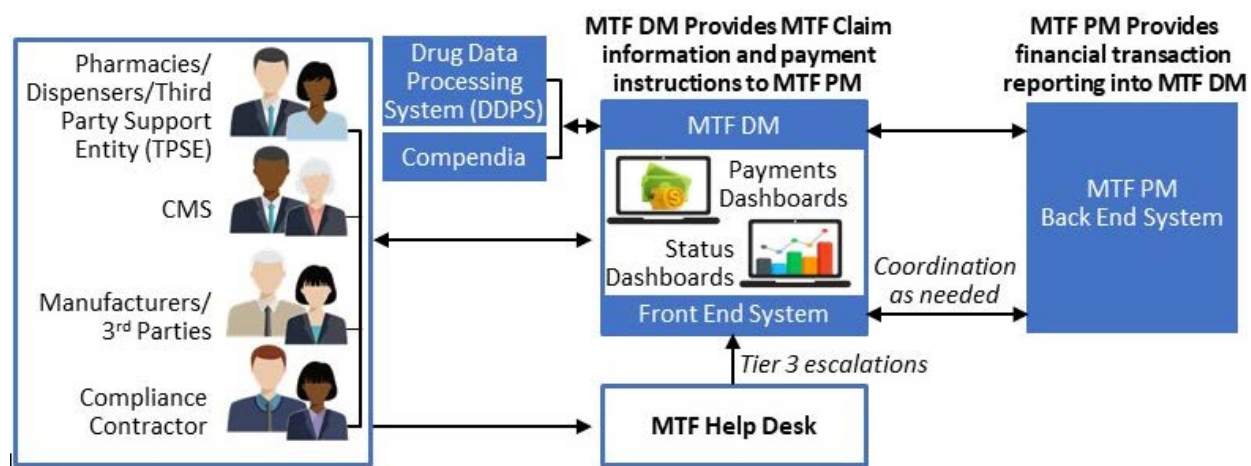


Figure 1. Overview of MTF Ecosystem Participants and System Interactions Supporting the Negotiation Program

3. MTF User Roles

The following user roles exist within the MTF:

- Authorized Signatory Official
- Access Manager
- Staff End User

The roles' permissions are listed in the following tables.

Table 1. Primary Manufacturer Permissions and Roles

Permissions	Authorized Signatory Official	Access Manager	Staff End User
Certify organization's enrollment submission	X		
Download Manufacturer Refund Notice	X	X	X
Download Manufacturer Refund Receipt	X	X	X
Invite new users in their organization to have accounts in MTF	X	X	
Modify user role data	X	X	
Sign MTF DM User Agreement	X		
Sign MTF PM User Agreement	X		
Submit user role data	X	X	
Upload/download Manufacturer Refund Advice	X	X	X
View MTF DM User Agreement	X	X	X
View/download role-based reports	X	X	X
View MTF PM User Agreement	X	X	X
View user role data	X	X	X

Table 2. Dispensing Entity Permissions and Roles

Permissions	Authorized Signatory Official	Access Manager	Staff End User
Certify organization's enrollment submission	X	X	
Download 835s	X	X	X
Invite new users in their organization to have accounts in MTF	X	X	
Modify user role data	X	X	
Sign MTF DM User Agreement	X		
Submit user role data	X	X	
View/download role-based reports	X	X	X
View MTF DM User Agreement	X	X	X
View user role data	X	X	X

Table 3. Third-Party Support Entity Permissions and Roles

Permissions	Authorized Signatory Official	Access Manager	Staff End User
Certify organization's enrollment submission	X	X	
Download 835s	X	X	X
Invite new users in their organization to have accounts in MTF	X	X	
Modify user role data	X	X	
Submit user role data	X	X	
View/download role-based reports	X	X	X
View user role data	X	X	X

4. Access to the MTF

The [MTF](#) is a federal information system, and you must be authorized to access it. Authorized users of the MTF, and all program modules housed within, must adhere to CMS information security policies, standards, and procedures.

For **primary manufacturers**, CMS will send you an email invitation to create an account as an Authorized Signatory Official for your organization. After you activate your account, you can enroll your organization in the MTF.

For **dispensing entities and third-party support entities**, CMS will send you, as your organization's point of contact (as listed in the National Council for Prescription Drug Programs (NCPDP) Pharmacy Database), an email stating that the MTF is open for enrollment, and you should verify your organization's information in the database. After you activate your account, you can enroll your organization in the MTF.

4.1 Activating "First User" Accounts

You must activate your account before you can use the MTF. Perform the following steps to activate your account.

If you are a new user without CMS IDM credentials, refer to the [IDM Documentation](#) website, which provides resources to help you with the enrollment process.

You also can contact the [CMS IDM Help Center](#) for assistance.

Once you have enrolled with CMS IDM, return to the MTF system to continue enrolling in the MTF.

1. Once you have your CMS IDM credentials, click on the MTF link in the email you received. The **MTF logon** window opens.

Welcome to the Medicare Transaction Facilitator (MTF)

Sign in to the MTF to enroll your organization, invite additional users to create their own profiles, and access key features designated for manufacturers, dispensing entities, and third-party support entities.

Already have CMS Identity Management (IDM) credentials? You can use them to sign in and set up your profile immediately.

Learn more about the MTF by visiting the [Medicare Drug Price Negotiation section](#) of the CMS website.

User ID

Password

By signing in to the MTF, you agree with our [Terms & Conditions](#).

Sign in

[Forgot User ID?](#)
[Forgot password?](#)

OR

[Register as a new user](#)

[Unlock account?](#)
[Help](#)

2. Enter your credentials and click on the **Sign in** button. The **Create Your MTF Profile** window opens.

Medicare Transaction Facilitator (MTF)

Create your MTF profile

Only users with their name listed as a point of contact associated to an organization in the NCPDP database will be permitted to create a profile in the MTF. Select **Begin profile setup**.

If you are invited by another user from within your organization, or by CMS, use the link in your email invitation to register for the MTF.

If you are not the point of contact responsible for enrolling your organization, or you have not received an invitation, you will not be allowed to proceed.

Begin profile setup

3. Click on the **Begin Profile setup** button. The **Verify your information** window opens.

Medicare Transaction Facilitator (MTF)

Verify your information

Welcome, Scott Mucci

- Select an email address**

Your name, Scott Mucci, is listed in the NCPDP Pharmacy Database as a point of contact for one or more email addresses. Each address is associated with one or more organization that you can connect to your MTF profile. To get started, choose select organizations for an address that belongs to you. Only select addresses that belong to you.

 - s****i@dcca.com [Select organizations](#)
- Add organizations to your profile**

You can add one or more organizations to your MTF profile. You will be able to add more organizations later.
- Verify your email address**

To verify your email addresses, please enter the one-time passcode (OTP) sent to your inbox. Once verified, your email addresses will be displayed below.
- Finish creating your profile, or choose another email address**

To verify another email address, return to section 1 and select organizations for this email address. Otherwise, select Create MTF Profile. You can add more email addresses or organizations later.

- Click on the **Select organizations** link. The **Add organizations** window opens.

Medicare Transaction Facilitator (MTF)

Add organizations

1
Select an email address

You selected s****i@dcca.com

2
Add organizations to your profile

One or more organizations are associated with this email address in the NCPDP database. Choose the one(s) you want to add to your MTF profile. For each email you select, review the information displayed, then indicate whether or not you are authorized to sign legal agreements on its behalf. After choosing your organizations, select Email a verification code to verify your access to this email address.

☐

Trade Shows Healthcare Organization 630

Organization type: Third Party Support Entity (Third-party Contracting Group)

Organization ID: 630

Organization name: Trade Shows Healthcare

Point of contact: Scott Mucci

Are you authorized to sign agreements for behalf of this organization?

☐

Yes

☐

No

You will be added as an Authorized Signatory Official.

You will be added as an Access Manager. After your profile is created you must invite the Authorized Signatory Official for this organization.

2 – Select Yes to assign yourself the Authorized Signatory Official role.

Select No to assign yourself the Access Manager role.

3
Verify your email address

To verify your email addresses, please enter the one-time passcode (OTP) sent to your inbox. Once verified, your email addresses will be displayed below.

4
Finalize creating your profile, or choose another email address

Finalize your MTF profile or verify another email.

Email a verification code

5. Select the organization and role as shown in the screenshot.

If your account is associated with multiple organizations, each organization's data will be listed in this window.

You must select at least one organization/role, but you do not have to select all of them at this time.

- Click on the **Email a verification code** button. A **Success** message appears, and the **Email a verification code** button changes to the **Enter verification code** field.

Medicare Transaction Facilitator (MTF)

Verify email

Success
A verification code has been sent to your email.

1 Select an email address
You selected s****@dcca.com

3 Verify your email address
Click Send Code to receive a verification code to your email vveeraganti@dcca.com.

4 Finalize creating your profile, or choose another email address
Finalize creating your profile, or verify another email.

Enter verification code

If you can't find the email with the code, check your spam folder or [request another code](#)

Validate Code

- Click on the **Email a verification code** button. A **Success** message appears.
- You receive an email with a verification code. Enter the code in the **Enter verification code** field.
- Click on the **Validate Code** button. The **Create MTF Profile** button appears.

4

Finish creating your profile, or choose another email address

To verify another email address, return to section 1 and select organizations for this email address. Otherwise, select Create MTF Profile. You can add more email addresses or organizations later.

Create MTF profile

10. Click on the **Create MTF Profile** button.

You are now logged into MTF and the **Welcome to the Medicare Transaction Facilitator** window opens.

Medicare Transaction Facilitator (MTF)

[Help Desk](#)
[My Account](#)
Log out

Administration ▾
DE/TPSE Enrollment
Manufacturer Dashboard

Welcome to the Medicare Transaction Facilitator (MTF)

MTF for Dispensing Entities and Third-Party Support Entities

The MTF user interface will serve as a single point of access to assist dispensing entities in the Maximum Fair Price (MFP) effectuation process. CMS anticipates many benefits for dispensing entities using the MTF, some of which are described in section 40.4 of the [Manufacturer Effectuation of the MFP in 2026 and 2027](#) ("final guidance").

Key Resources

- The Pharmacy and Dispensing Entities resources Fact Sheet and Frequently Asked Questions document details key information for pharmacies and other dispensing entities that will engage with the new new MTF system, a core component of implementing the Negotiation Program.
 - [Medicare Transaction Facilitator: Fact Sheet for Pharmacies and Dispensing Entities \(PDF\)](#) (April 7, 2025)
 - [Medicare Transaction Facilitator: Frequently Asked Questions for Pharmacies and Other Dispensing Entities](#) (April 7, 2025)
 - [MTF User Guide](#)
- More information about the Medicare Drug Price Negotiation Program broadly, including the manufacturers of the drugs selected for negotiations, the timeline for the implementation, program guidance, Information Collection Requests, and other relevant program information is available [here](#).

Help Desk

If you need help with the MTF, your profile, or submitting a complaint or dispute, get help at the MTF Help Desk.

Contact Us

Have a question, input, or feedback? For questions about the MTF, email MFPMedicareTransactionFacilitator@cms.hhs.gov.

For general questions about the Medicare Drug Price Negotiation Program, email us at IRAREbateandNegotiation@cms.hhs.gov

Sign Up for Emails

Please sign up to receive emails about the MTF by clicking [this link](#), entering your email address, and selecting "Medicare Transaction Facilitator" under the Center for Medicare.

Enrollment Timeline

?

Phase I: Pre-Enrollment

Late March - May 2025

- Dispensing entities and Third Party Support Entities update NCPDP information
- CMS posts FAQs and other resources

👁

Phase II: Enrollment

June - December 2025

- CMS launches the MTF enrollment module
- Dispensing entities and TPSEs enroll in the MTF

💰

Implementation: January 2026

- MFP Refund Payments Begin

Click on the **My Account** link to view and manage your account. The **Your MTF Profile** window opens.

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Medicare Transaction Facilitator

Medicare Transaction Facilitator (MTF) [Help Desk](#) [My Account](#) [Log out](#)

Administration DE/TPSE Enrollment Manufacturer Dashboard

Your MTF Profile

Use this page to edit your information specific to the MTF. Other information can be updated in CMS IDM.

User ID: username [Manage profile settings](#)

Legal name: Your name

User type: Third party support

User role: Authorized Signatory Official

Third-party support entity: Trade Shows Healthcare (630)

User status: Active

Work email: Your email

Set your current organization: Trade Shows Healthcare (630) [Verify more organizations](#)

[Save changes](#)

Note the **Set your current organization** field.

Set your current organization: Trade Shows Healthcare (630) [Verify more organizations](#)

[Save changes](#)

If you selected multiple organizations in step 4 of your profile creation, you could change your current organization in MTF by selecting another and clicking on the **Save changes** button.

Set your current organization:

Trade Shows Healthcare (630) ^

Dispensing Entity 2 (945)

✓ Trade Shows Healthcare (630)

[Verify more organizations](#)

[Save changes](#)

If there were multiple organizations listed in step 4 of your profile creation and you only selected one, click on the **Verify more organizations** link to open the **Add organizations** window and follow steps 4-10 of the profile creation procedure.

4.2 Managing User Accounts

As an Assigned Signatory Official or Access Manager for your organization, you can manage invitations to and profile information of users in your organization.

Please note: The screenshots in this section show the primary manufacturer's interface. Dispensing entities and third-party support users may see slightly different, but similar, screens.

4.2.1 Searching for and Managing Users

4.2.1.1 Searching for Users

To search for your organization's users:

1. In the **Administration** menu, select **Search Users**. The **Search Users** window opens.

The screenshot shows the Medicare Transaction Facilitator (MTF) interface. At the top, there is a header with 'Medicare Transaction Facilitator (MTF)' and links for 'Help Desk', 'My Account', and 'Logout'. Below the header is a navigation bar with 'Administration', 'Manufacturer Enrollment', and 'Manufacturer Dashboard'. The 'Administration' menu is open, showing 'Search Users', 'Invite User', and 'Search Invitations'. The 'Search Users' option is highlighted. The main content area shows the title 'Welcome to the Medicare Transaction Facilitator' and a 'Help Desk' section with the text: 'If you need help with the MTF, your profile, or submitting a complaint or'.

The screenshot shows the 'Search Users' form in the Medicare Transaction Facilitator (MTF) interface. The form has a header with 'Medicare Transaction Facilitator (MTF)' and navigation links. The main title is 'Search Users'. The form contains several fields: 'User type' (dropdown menu), 'User role' (dropdown menu), 'User status' (dropdown menu), 'IDM ID' (text input), 'Legal first name' (text input), 'Legal last name' (text input), and 'Manufacturer' (dropdown menu). There are 'Clear' and 'Search' buttons at the bottom. A note with an arrow pointing to the 'Manufacturer' dropdown menu states: 'Label would read Dispensing Entity or Third-Party Support Entity when logged on as a user of one of these organizations.'

2. Enter the desired search criteria. You must select the **User type** before you can select a **User role**. Your organization appears in the **Manufacturer** (or Dispensing Entity or Third-Party Support Entity) field.
3. Click on the **Search** button. The appropriate results display.

Medicare Transaction Facilitator (MTF) [Help Desk](#) [My Account](#) [Log out](#)

Administration ▾ Manufacturer Enrollment Manufacturer Dashboard

Search Users

User type:
 User role:
 User status:

IDM ID:
 Legal first name:
 Legal last name:

Manufacturer:

Label would read Dispensing Entity or Third-Party Support Entity when logged on as a user of one of these organizations.

Search users

EUA ID/IDM ID	First name	Last name	Email address	User type	Manufacturer	Dispensing entity	Third-party support entity	User role	User status	Actions
manufacteram	Manufacter	AM	lp5s9sjh7i@example.com	Manufacter				Authorized Signatory Official	Active	Manage
manufacteraso	Manufacter	ASO	wybavble1d@example.com	Manufacter				Authorized Signatory Official	Active	
TestCMSFile	TestCMSFile	TestCMSFile	hx3m2mfm27@example.com	Manufacter				Authorized Signatory Official	Active	Manage
manufacteraso2	Manufacter	ASO	tkb2hyahmk@example.com	Manufacter				Authorized Signatory Official	Active	Manage

4.2.1.2 Managing Users

You can manage the following user profile information:

- Their work email.
- Their status.
- Their role.
- Their role's status.

To manage a user's profile information:

1. In the **Search users** results table, click on the **Manage** link in the **Actions** column. The **Manage User** window opens.

Medicare Transaction Facilitator (MTF) [Help Desk](#) [My Account](#) [Log out](#)

[Administration](#) [Manufacturer Enrollment](#) [Manufacturer Dashboard](#)

[Back to Search Users](#)

Manage User

General user information

User ID: manufactureram

Legal first name: Manufacturer

Legal last name: AM

Work email:

User status: Active

User details

Company name:

User type: Manufacturer

User role:

User role status:

[Update user](#)

Label would read Dispensing Entity or Third-Party Support Entity when logged on as a user of one of these organizations.

2. Change the appropriate information.
3. Click on the **Update user** button. A successful update message appears.

[Administration](#) [Manufacturer Enrollment](#) [Ma](#)

[Back to Search Users](#)

✓ User Information has been updated successfully!

Manage User

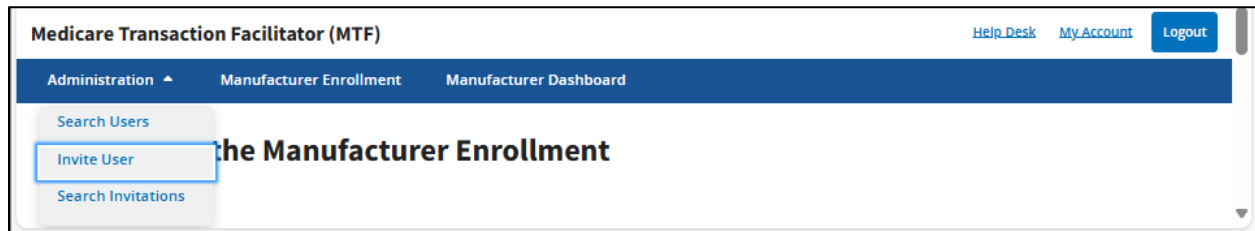
Please note: There can be no more than 16 approved users in your organization. If you attempt to invite a user to your organization and there are currently 16 actives users across all roles, you will receive an error message.

4. Click on the **Back to Search Users** link to return to the **Search Users** window or click on the **Administration** menu to select another action.

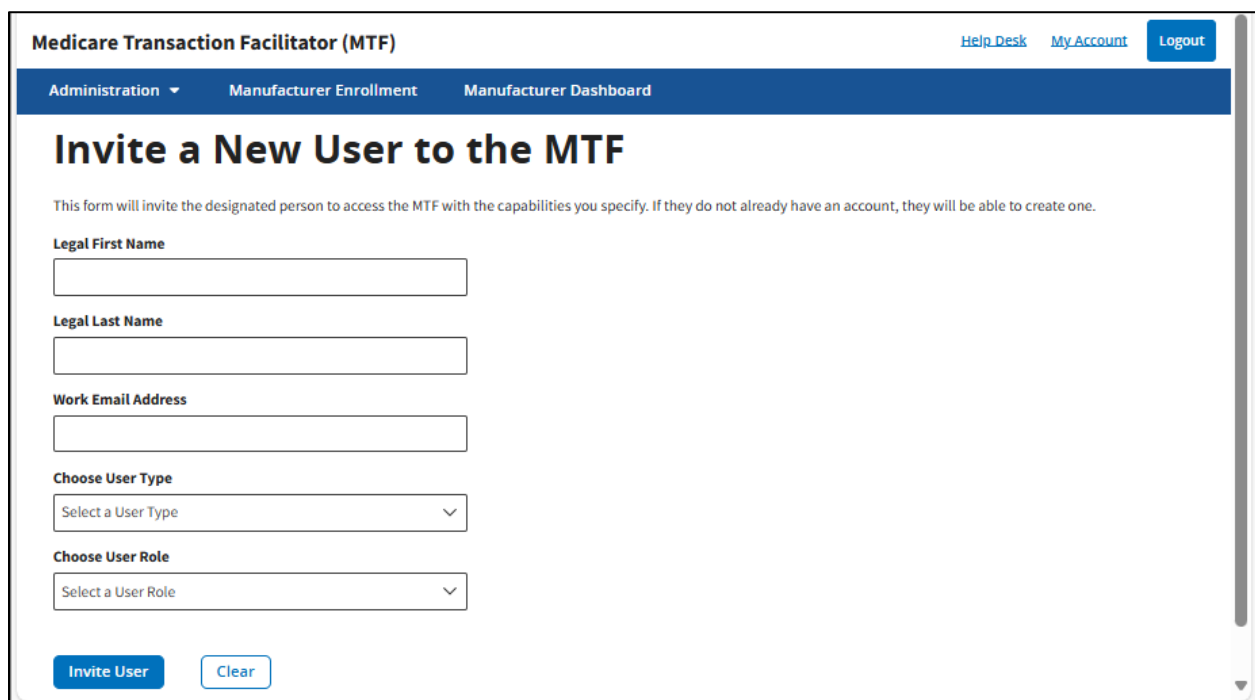
4.2.2 Inviting Users to Activate Accounts in MTF

The process of inviting other personnel associated with your organization to activate accounts in MTF is as follows:

1. In the **Administration** menu, select **Invite User**. The **Invite a New User to the MTF** window opens.

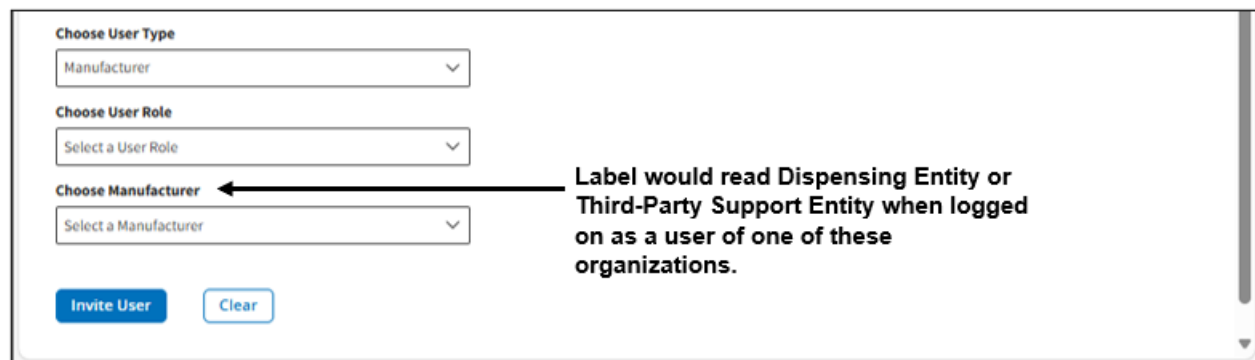


The screenshot shows the Medicare Transaction Facilitator (MTF) interface. At the top, there are links for [Help Desk](#), [My Account](#), and a [Logout](#) button. Below these is a navigation bar with three tabs: **Administration** (selected), **Manufacturer Enrollment**, and **Manufacturer Dashboard**. Under the **Administration** tab, there is a dropdown menu with three options: **Search Users**, **Invite User** (highlighted with a blue box), and **Search Invitations**. The main heading of the page is **The Manufacturer Enrollment**.



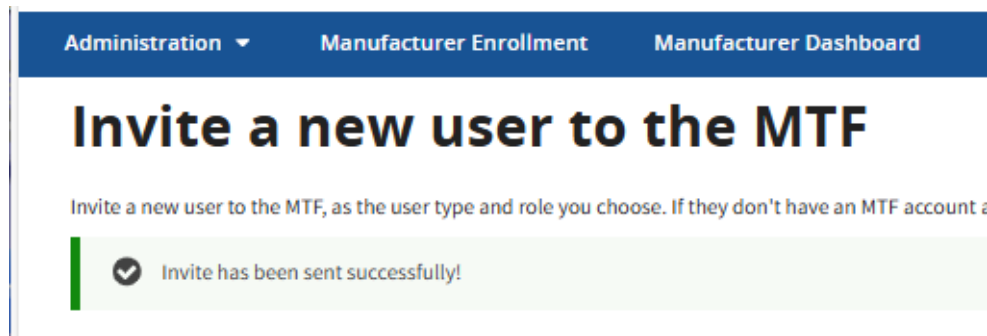
The screenshot shows the **Invite a New User to the MTF** form. At the top, there are links for [Help Desk](#), [My Account](#), and a [Logout](#) button. Below these is a navigation bar with three tabs: **Administration** (selected), **Manufacturer Enrollment**, and **Manufacturer Dashboard**. The main heading of the page is **Invite a New User to the MTF**. Below the heading is a subheading: **This form will invite the designated person to access the MTF with the capabilities you specify. If they do not already have an account, they will be able to create one.** The form contains the following fields: **Legal First Name** (text input), **Legal Last Name** (text input), **Work Email Address** (text input), **Choose User Type** (dropdown menu with 'Select a User Type' as the placeholder), and **Choose User Role** (dropdown menu with 'Select a User Role' as the placeholder). At the bottom of the form are two buttons: **Invite User** (blue) and **Clear** (white with blue border).

2. Enter the information for the invitee. When you select the **User Type**, the **Choose Manufacturer** (or Dispensing Entity or Third-Party Support Entity) field appears.



The screenshot shows the **Choose User Type** dropdown menu with 'Manufacturer' selected. Below it is the **Choose User Role** dropdown menu with 'Select a User Role' as the placeholder. Below that is the **Choose Manufacturer** dropdown menu with 'Select a Manufacturer' as the placeholder. An arrow points from the text **Label would read Dispensing Entity or Third-Party Support Entity when logged on as a user of one of these organizations.** to the **Choose Manufacturer** dropdown menu. At the bottom of the form are two buttons: **Invite User** (blue) and **Clear** (white with blue border).

3. Click on the **Invite User** button. A message appears stating that the invite was sent.



- Click on the **Clear** button to clear the data fields so you can invite another user or click on the **Administration** menu to select another action.

4.3.3 Searching for and Cancelling User Invitations

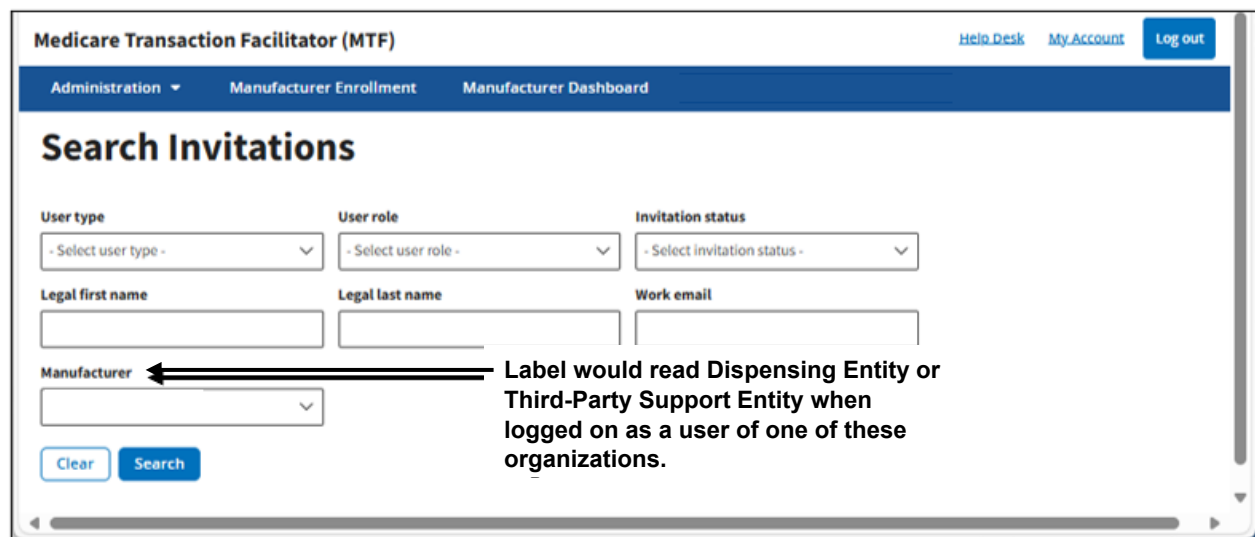
Use this menu selection to:

- See all invitations issued by your organization.
- Cancel invitations that have been sent before they are accepted.

4.3.3.1 Searching for Invitations

To search for invitations issued to users in your organization:

- In the **Administration** menu select **Search Invitations**. The **Search Invitations** window opens.



2. Enter the desired search criteria. You must select the **User type** before you can select a **User role**. Your organization appears in the **Manufacturer** (or Dispensing Entity or Third-Party Entity) field.
3. Click on the **Search** button. The appropriate results display.

Medicare Transaction Facilitator (MTF) [Help Desk](#) [My Account](#) [Log out](#)

Administration **Manufacturer Enrollment** **Manufacturer Dashboard**

Search Invitations

User type


User role

Invitation status

Legal first name

Legal last name

Work email

Manufacturer  **Label would read Dispensing Entity or Third-Party Support Entity when logged on as a user of one of these organizations.**


Search Invitations

Work Email	First Name	Last Name	User Type	User Role	Manufact Entity Name	Dispensi Entity Name	Third-Party Support Entity Name	Email Invitation Status	Date/Time Sent	Sent By	Actions
jdnicxxxxxx@sample.com	John	Doenic ky	Manufa cturer	Staff End User				Invited	2025-06-03 18:12 PM	Manufacturer ASO	Cancel
w2MLLjMh@outlookFa ke.com	BMhQ	qErykX lld	Manufa cturer	Staff End User				Expired	2025-05-29 15:12 PM	Manufacturer ASO	

4.3.3.2 Cancelling Invitations

To cancel an invitation:

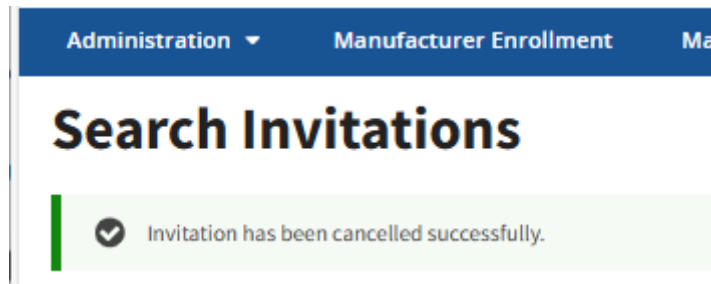
1. In the **Search invitations** results table, click on the **Cancel** link in the **Actions** column. A pop-up message appears asking you to confirm the cancellation of the invitation.

Are you sure you want to cancel this invitation? 

2. Click on the **Yes** button to confirm the cancellation of the invitation.

The message closes.

A successful cancellation message appears.



The **Search invitations** table is updated – the **Email Invitation Status** changes from **Invited** to **Cancelled**, and the **Cancel** option is removed from the **Actions** column.

Before the cancellation:

Work Email	First Name	Last Name	User Type	User Role	Manufacturer Name	Dispensing Entity Name	Third-Party Support Entity Name	Email Invitation Status	Date/Time Sent	Sent By	Actions
jdnicke@sample.com	John	Doenic	Manufacturer	Staff End User				Invited	2025-06-03 18:12 PM	Manufacturer ASO	Cancel
w2MLLJMH@outlook.com	BMHQ	qEykXifd	Manufacturer	Staff End User				Expired	2025-05-29 15:12 PM	Manufacturer ASO	

After the cancellation:

Work Email	First Name	Last Name	User Type	User Role	Manufacturer Name	Dispensing Entity Name	Third-Party Support Entity Name	Email Invitation Status	Date/Time Sent	Sent By	Actions
jdnicke@sample.com	John	Doenic	Manufacturer	Staff End User				Cancelled	2025-06-03 18:12 PM	Manufacturer ASO	
w2MLLJMH@outlook.com	BMHQ	qEykXifd	Manufacturer	Staff End User				Expired	2025-05-29 15:12 PM	Manufacturer ASO	

- Click on the **Clear** button to clear the data fields so you can invite another user or click on the **Administration** menu to select another action.

4.3 Before You Start

The enrollment process comprises two main steps: 1) creating/verifying your account as a ‘first user’ for your organization, and 2) enrolling your organization in MTF. The workflow is shown in **Figure 2**.

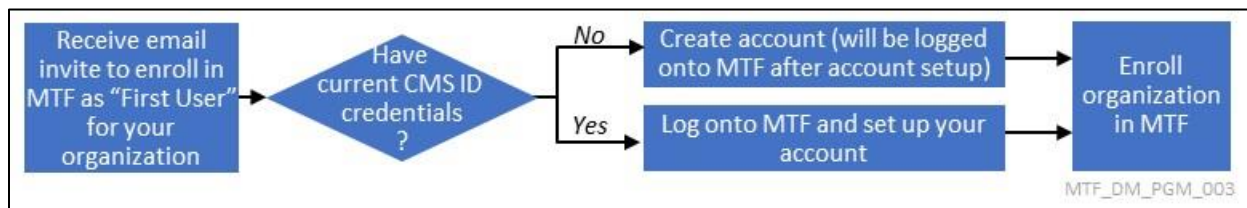


Figure 2. Overview of MTF Enrollment Process

Once you have your account and you are ready to enroll, see the following sections for the information you will need to have available. The enrollment process should take about an hour: ~5 minutes to activate your user account, and ~40-60 minutes to enroll your organization.

4.3.1 Information Primary Manufacturers Need to Enroll

Primary manufacturers need to have the following information:

- Selected drug(s) for which the manufacturer is the primary manufacturer and holds the Negotiation Program Agreement(s)
- Date each drug added to the agreement
- Date each drug terminated from the agreement

If your organization will use the MTF PM to pay retrospective reimbursements to dispensing entities, you will need:

- Financial Institution
 - Name
 - Address: Street, City, State, Zip
- Payment Point of Contact
 - Name
 - Email Address
 - Phone Number
- Payment Details
 - Bank Account Routing Number
 - Depositor Account Number
 - Registered Financial Account Type (checking or savings)
 - Federal Tax Identification Number
- Voided check or signed bank letter to upload (PDF only)
- Signed copy of the MTF Payment Module agreement

Please note: The MTF can only process transactions with financial institutions located in the United States.

4.3.2 Information Dispensing Entities and Third-Party Support Entities Need to Enroll

Verify Your NCPDP Pharmacy Database Data

The information that is contained in the NCPDP Pharmacy Database for your organization at the time of enrollment is what the MTF will rely upon to both 1) identify and validate you as a first user, and 2) pre-populate certain fields in the Dispensing Entity Enrollment Questionnaire, if permitted by your dispensing entity. Primary data fields for this program include Authorized Official (legal name, email address, and phone), Third-Party Support (if any), and Payment Center Information.

You can update your organization's information via the NCPDP Access Online [website](#). ***Please ensure this information is up to date at least two weeks before beginning the enrollment process.***

4.3.2.1 Information Dispensing Entities Need to Enroll

Verify the following organization information in the NCPDP Pharmacy Database.

- Legal Business Name

- Doing Business As (DBA) Name (optional)
- Store Location # (if applicable)
- Mailing Address: Street, City, State, Zip
- Business Address: Street, City, State, Zip
- NCPDP Provider ID
- NCPDP Organization ID
- NCPDP Relationship ID
- Pharmacy National Provider Identifier
- State License Number (optional)
- Federal Tax Identification Number

Once you have your NCPDP Pharmacy Database data updated, you will receive an email, and you are ready to enroll.

Have this information handy:

- A list of your National Provider Identifier(s) for which anticipated material cashflow concerns apply.
- Your third-party support entity's information regarding maximum fair price refund payments and/or Electronic Remittance Advices or remittance advice sent and made available to a third-party support entity, if applicable:
 - Payment Third-Party Support Entity Name
 - Payment Third-Party Support Entity "Payment Center ID" Code (six-digit identification number assigned by NCPDP)
 - Remittance Third-Party Support Entity Name
 - Remittance Third-Party Support Entity "Remit and Reconciliation ID" Code (six-digit identification number assigned by the NCPDP)
- Your Financial Information:
 - Bank Name
 - Account Information
- Your Contact Information (Primary and Secondary):
 - Name
 - Title
 - Email Address
 - Phone Number (one required and one optional)

Please note: The MTF can only process transactions with financial institutions located in the United States.

4.3.2.2 Information Third-Party Support Entities Need to Enroll

Verify the following organization information in the NCPDP Pharmacy Database.

- Legal Business Name
- Doing Business As (DBA) Name (optional)
- Mailing Address: Street, City, State, Zip
- Business Address: Street, City, State, Zip
- Federal Tax Identification Number
- Payment Center Name and ID (if applicable) (six-digit identification number assigned by the NCPDP)
- Remit and Reconciliation Name and ID (if applicable) (six-digit identification number assigned by the NCPDP)
- Relationship Name and ID (if applicable)

Once you have your NCPDP data updated, you will receive an email, and you are ready to enroll.

Have this information handy:

- Your Financial Information:
 - Bank Name
 - Account Information
- Your Contact Information (Primary and Secondary):
 - Name
 - Title
 - Email Address
 - Phone Number (one required and one optional)

Please note: The MTF can only process transactions with financial institutions located in the United States.

5. MTF Enrollment - Primary Manufacturers, Dispensing Entities, and Third-Party Support Entities

[Section 5.1 details the MTF enrollment process for primary manufacturers.](#)

[Section 5.2 details the MTF enrollment process for dispensing entities.](#)

[Section 5.3 details the MTF enrollment process for third-party support entities.](#)

5.1 Primary Manufacturer MTF Enrollment

After you have completed your account registration as an Authorized Signatory Official, you can enroll your organization.

When you log into the MTF the **Welcome to the Medicare Transition Facilitator** window opens.

Please note: There are various information/resource links.

Medicare Transaction Facilitator (MTF)

Help Desk My Account Log out

Administration Manufacturer Enrollment Manufacturer Dashboard

Welcome to the Medicare Transition Facilitator (MTF)

MTF for Manufacturers

The MTF user interface will serve as a single point of access to assist manufacturers in the Maximum Fair Price (MFP) effectuation process. CMS anticipates many benefits for manufacturers using the MTF, some of which are described in section 40.4 of the [Medicare Drug Price Negotiation Program Final Guidance for 2027 and Manufacturer Effectuation of the MFP in 2026 and 2027](#) ("final guidance").

Key Resources

- "Manufacturer FAQ" document details key information for manufacturers that will engage with the new MTF system, a core component of implementing the Medicare Drug Price Negotiation Program.
 - [Medicare Transaction Facilitator: Frequently Asked Questions for Manufacturers \(PDF\)](#)
 - Medicare Transaction Facilitator: Information on the ICD (PDF)
 - [MTF User Guide](#)
- Drug manufacturers and other interested parties may review the [Medicare Drug Price Negotiation Program Agreement \(PDF\)](#) and the [Instructions for this Agreement \(PDF\)](#). The Agreement is executed in the CMS [Health Plan Management System \(HPMS\)](#).
- More information about the Medicare Drug Price Negotiation Program broadly, including the manufacturers of the drugs selected for negotiations, the timeline for the implementation, program guidance, Information Collection Requests, and other relevant program is available [here](#).

Enrollment Timeline

Phase I: Pre-Enrollment	Phase II: Enrollment	Implementation: January 2026
Late March - May 2025	June - December 2025	
<ul style="list-style-type: none"> CMS posts FAQs and other resources 	<ul style="list-style-type: none"> CMS launches the MTF enrollment module Manufacturers enroll in the MTF 	<ul style="list-style-type: none"> MFP Refund Payments Begin

Help Desk

If you need help with the MTF, your profile, or submitting a complaint or dispute, get help at the MTF Help Desk.

Contact Us

Have a question, input, or feedback? For questions about the MTF, email MFPMedicareTransactionFacilitator@cms.hhs.gov

For general questions about the Medicare Drug Price Negotiation Program, email us at IRABateandNegotiation@cms.hhs.gov

Sign Up for Emails

Please sign up to receive emails about the MTF by clicking [this link](#), entering your email address, and selecting "Medicare Transaction Facilitator" under the Center for Medicare.

1. Click on the **Manufacturer Enrollment** tab. The **Welcome to the Manufacturer Enrollment** window opens.

The screenshot shows the Medicare Transaction Facilitator (MTF) interface. At the top, there is a header with the title "Medicare Transaction Facilitator (MTF)" and links for "Help Desk", "My Account", and "Log out". Below the header is a navigation bar with three tabs: "Administration", "Manufacturer Enrollment", and "Manufacturer Dashboard". The main content area is titled "Welcome to the Manufacturer Enrollment". It lists tasks for the user: "Sign the MTF Data Module User Agreement", "Opt in or opt out of the MTF Payment Module", "Sign the MTF Payment Module User Agreement (if applicable)", and "Submit the MFP Effectuation Plan". A link to "CMS' website" is provided for more information. The first step, "1 Sign agreement", is highlighted with a blue circle and includes a "View agreement" button. The second step, "2 Complete enrollment form", is also listed.

Medicare Transaction Facilitator (MTF) [Help Desk](#) [My Account](#) [Log out](#)

Administration **Manufacturer Enrollment** **Manufacturer Dashboard**

Welcome to the Manufacturer Enrollment

Here, you can:

- Sign the MTF Data Module User Agreement
- Opt in or opt out of the MTF Payment Module
- Sign the MTF Payment Module User Agreement (if applicable)
- Submit the MFP Effectuation Plan

For more information about the Medicare Drug Price Negotiation Program, CMS guidance, and the 10 drugs covered under Medicare Part D with MFPs that will go into effect on January 1, 2026, please visit [CMS' website](#).

1 Sign agreement
View and sign the agreement.
[View agreement](#)

2 Complete enrollment form

2. Read the instructions.

Please note: The agreement must be e-signed before you can begin the enrollment process.

3. Click on the **View Agreement** button. The **MTF Data Module User Agreement** window opens.

MEDICARE TRANSACTION FACILITATOR DATA MODULE USER AGREEMENT

(hereinafter referred to as the “MTF DM User Agreement” or “this Agreement”)

Between

The Centers for Medicare & Medicaid Services

(hereinafter referred to as “CMS”)

And

The Manufacturer Identified in Section XII of this Agreement

(hereinafter referred to as “the Manufacturer”)

WHEREAS, pursuant to one or more Medicare Drug Price Negotiation Program Agreement(s) between CMS and the Manufacturer (“Negotiation Program Agreement(s),” as defined in section I(k) of this Agreement), the Manufacturer is the Primary Manufacturer, as defined in applicable guidance or regulations, of the selected drug(s) identified on Addendum 1 to this Agreement (“selected drug(s)” or each “selected drug”) and has agreed to provide access to the maximum fair price (“MFP”) for such selected drug(s) to pharmacies, mail order services, and other dispensing entities (hereinafter “dispensing entities”) with respect to MFP-eligible individuals who are dispensed such drug(s);

WHEREAS, CMS determined it will engage the Medicare Transaction Facilitator (“MTF”) for the Medicare Drug Price Negotiation Program (“Negotiation Program”) to, among other things, facilitate the effectuation of MFPs between manufacturers and dispensing entities, including through the exchange of data;

WHEREAS, CMS determined it will engage the MTF for the Negotiation Program to offer a voluntary payment facilitation function for participating manufacturers to pass through MFP refund payments to dispensing entities in a reliable, predictable, and consistent manner;

WHEREAS, one or more CMS contractors will administer the MTF’s data exchange functionality (“MTF Data Module” or “MTF DM,” as defined in section I(f) of this Agreement) and voluntary payment facilitation functionality (“MTF Payment Module” or “MTF PM,” as defined in section I(h) of this Agreement);

[Print](#) [Submit](#)

4. Read the agreement.
5. To submit the agreement, fill out the data fields at the end of the form.

Note: An Authorized Signatory Official is the only user who can submit the agreement.

×

Manufacturer and that the individual's MTF DM access credentials contain the same information regarding the undersigned individual as the information set forth below.

d. I certify that I have made no alterations, amendments or other changes to this Agreement.


By (e-signature)

Title

P#

Name of manufacturer

Manufacturer mailing address

FOR CMS


By: Cheri Rice

Title: Deputy Director, Parts C and D, of the Center for Medicare

Date: June 9, 2025

EXHIBIT A

Print

Submit

6. If you chose to print the agreement, click on the **Print** button.
7. Click on the **Submit** button. Step 1 is now shown to be completed, and step 2 is activated.

Medicare Transaction Facilitator (MTF) [Help Desk](#) [My Account](#) [Log out](#)

Administration ▾ Manufacturer Enrollment Manufacturer Dashboard

Welcome to the Manufacturer Enrollment

Here, you can:

- Sign the MTF Data Module User Agreement
- Opt in or opt out of the MTF Payment Module
- Sign the MTF Payment Module User Agreement (if applicable)
- Submit the MFP Effectuation Plan

For more information about the Medicare Drug Price Negotiation Program, CMS guidance, and the 10 drugs covered under Medicare Part D with MFPs that will go into effect on January 1, 2026, please visit [CMS' website](#).

- 1 Sign agreement**
✓ Completed [View](#)
- 2 Complete enrollment form**
The enrollment process will take about 60 minutes, and it's important to provide accurate information to avoid delays. You'll need details about your finances, pharmacy locations, and some supporting documents, so gathering those ahead of time can help things go smoothly. Don't worry — you can save your progress at any time and return later if needed.
⚠ Enrollment has not been started
Your organization cannot participate in the MTF DM yet. Finish enrolling now.
[Begin enrollment](#)
- 3 Review and Submit**
○ Review
○ Sign

i Do you need to collaborate on enrollment?
If you need to collaborate with colleagues to complete the enrollment form, you can invite them from the Users page
[Go to Users page](#)

8. Click on the **Begin enrollment** button. The **MTF Payment Module** window opens.

Medicare Transaction Facilitator (MTF) [Help Desk](#) [My Account](#) [Log out](#)

Administration ▾ Manufacturer Enrollment Manufacturer Dashboard

0/3 Sections Complete

- 1 Reimbursements**
○ Payment Module
○ Alternate Methods
- 2 Effectuation Plan**
- 3 Review and Submit**
○ Review
○ Sign

MTF Payment Module (MTF PM)

Will your organization use the MTF PM to pay retrospective reimbursements to dispensing entities?

☐ Yes
☐ No

*All fields are required except those marked as optional.

[Save and Next >](#)

9. Select **Yes** or **No**.

If you select **No**, click on the **Save and Next** button. The **Alternate Methods for Reimbursements** window opens.

If you select **Yes**, multiple data fields associated with the MTF PM appear.

The screenshot shows the Medicare Transaction Facilitator (MTF) interface. At the top, there is a header with the title "Medicare Transaction Facilitator (MTF)" and links for "Help Desk", "My Account", and "Log out". Below the header is a navigation bar with three tabs: "Administration", "Manufacturer Enrollment", and "Manufacturer Dashboard". The left sidebar shows a progress indicator "0/3 Sections Complete" and three main sections: "1 Reimbursements" (with sub-items "Payment Module" and "Alternate Methods"), "2 Effectuation Plan", and "3 Review and Submit" (with sub-items "Review" and "Sign"). The main content area is titled "MTF Payment Module (MTF PM)". It contains a question: "Will your organization use the MTF PM to pay retrospective reimbursements to dispensing entities?" with radio button options for "Yes" (selected) and "No". Below this is a note: "*All fields are required except those marked as optional." The next step is "1 Sign agreement", with the instruction "View and sign the agreement." and a "View agreement" button. The final step is "2 Financial Institution", which is currently empty. At the bottom right, there is a "Save and Next >" button.

10. Click on the **View Agreement** button. The **MTF Payment Module User Agreement** window opens.

MEDICARE TRANSACTION FACILITATOR PAYMENT MODULE
CONTRACTOR AGREEMENT

(hereinafter referred to as the “MTF PM Agreement” or “this Agreement”)

between

National Government Services, Inc.,
in its capacity as the Medicare Transaction Facilitator Payment Module Contractor

(hereinafter referred to as “MTF PM Contractor”)

and

The Manufacturer Identified in Section VIII of this Agreement

(hereinafter referred to as “Manufacturer”)

This Agreement is by and between MTF PM Contractor and Manufacturer (collectively, “the Parties”). The Centers for Medicare & Medicaid Services (“CMS”) has required, reviewed, and approved this Agreement. The purpose of this Agreement is to set forth the Parties’ expectations regarding their respective roles under the Medicare Drug Price Negotiation Program (“Negotiation Program”).

I DEFINITIONS

These terms have the meanings specified as follows when used in this Agreement:

- a. **“Claim-level data elements”** means the data, as described in applicable guidance and regulations, that CMS transmits to Manufacturer via the MTF Data Module for each claim for a selected drug that is dispensed to a maximum fair price (“MFP”)-eligible individual.
- b. **“Claim-level payment elements”** means the data, as described in applicable guidance and regulations, that Manufacturer transmits to CMS via the MTF Data Module indicating Manufacturer’s response to the claim-level data elements for each claim for a selected drug dispensed to an MFP-eligible individual.
- c. **“Ledger System”** means the system within the MTF PM, as described in applicable guidance and regulations, to track credits and debits for MFP refund payments for each of the selected drug(s) at the dispensing entity National Provider Identifier (“NPI”)-level.
- d. **“MTF Data Module” or “MTF DM”** means the system that provides MTF claim-level data elements to manufacturers, receives claim-level payment elements from manufacturers, operates the user interface for dispensing entities and manufacturers, and provides an Electronic Remittance Advice (“ERA”) that uses the X12 835 standard adopted under the Health Insurance Portability and Accountability Act of 1996

Print Submit

11. Read the agreement.

12. To submit the agreement, fill out the data fields at the end of the form.

Note: An Authorized Signatory Official is the only user who can submit the agreement.

×

VIII SIGNATURES

In signing this Agreement, the Parties do not make any statement regarding or endorsement of CMS' views. Use of the term "maximum fair price" or other statutory terms throughout this Agreement reflects the Parties' intention that such terms be given the meaning specified in the statute and does not reflect any party's views regarding the colloquial meaning of those terms.

FOR MANUFACTURER

By (e-signature)


Title

Name of Manufacturer

Manufacturer Mailing Address

Date
MM/DD/YYYY

FOR MTF PM CONTRACTOR



Printed Name: Jane Hite-Syed

Title: NGS VP & COO

Date: 6/9/2025

Print

Submit

13. If you chose to print the agreement, click on the **Print** button.

14. Click on the **Submit** button. Step 1 is now shown to be completed, and step 2, Financial Information, is activated.

Enter Financial Institution, Manufacturer Point of Contact, and Payment Detail data.

Medicare Transaction Facilitator (MTF)[Help Desk](#)[My Account](#)[Log out](#)

Administration ▾Manufacturer EnrollmentManufacturer Dashboard

0/3
Sections Complete

1 Reimbursements

- Payment Module
- Alternate Methods

2 Effectuation Plan

3 Review and Submit

- Review
- Sign

MTF Payment Module (MTF PM)

Will your organization use the MTF PM to pay retrospective reimbursements to dispensing entities?

☒ Yes

☐ No

*All fields are required except those marked as optional.

1 Sign agreement

- ✓ Completed [View](#)

2 Financial Institution

Explanatory text on what's in the step

Name of Institution

Street Address

Apt., Suite, etc. (Optional)

City

State **ZIP Code**

Select state ▼

Manufacturer Point of Contact

First Name

Last Name

Email

Phone Number


Payment Details

Routing Number

Depositor Account Number

Confirm Depositor Account Number


Registered Financial Account Type

Select account type 

Federal Tax Identification Number

Verification

Upload a voided check or signed bank letter (PDF only)


Drag and drop your files here, or
Supported formats: PDF
Maximum file size: 10MB

Browse Files


Save and Next >


Please note: The verification section requires you to upload a voided bank check or signed bank letter in a PDF format.


Upload the document. The window now indicates the upload was successful.

Verification

Upload a voided check or signed bank letter (PDF only)

**Voided_Check.pdf**
06/04/2025 at 6:27 AM

 [Download](#)

 [Delete](#)

Save and Next >

15. Click on the **Save and Next** button. The **Alternate Methods for Reimbursements** window opens.

Medicare Transaction Facilitator (MTF)

[Help Desk](#) [My Account](#) [Log out](#)

Administration ▾ Manufacturer Enrollment Manufacturer Dashboard

0/3
Sections Complete

1 Reimbursements

- ✓ Payment Module
- ⊖ Alternate Methods

2 Effectuation Plan

3 Review and Submit

- ⊖ Review
- ⊖ Sign

Alternate Methods for Reimbursements

In addition to using the MTF PM, your organization can also pay retrospective reimbursements through alternate methods. These options are not mutually exclusive.

Will your organization use any alternate methods to pay retrospective reimbursements to dispensing entities?

☐ Yes

☐ No

< Back

Save and Next >

16. Select **Yes** or **No**.

17. Click on the **Save and Next** button. The **Effectuation Plan** window opens.

18. Download the [MFP Effectuation Plan Form template](https://www.cms.gov/files/document/mfp-effectuation-plan-form.pdf).

19. Populate the form with your organization's MFP Effectuation Plan and ensure it is signed.

20. Upload the signed document. The window now indicates the upload was successful.

21. Click on the **Save** button. The **Review** window opens.

If the system found no errors needing correction, the window displays a message stating that no issues were detected. In this case, click on the **Next** button. The **Sign and Submit your Enrollment Form** window opens.

Medicare Transaction Facilitator (MTF) [Help Desk](#) [My Account](#) [Log out](#)

Administration ▾ Manufacturer Enrollment Manufacturer Dashboard

2/3
Sections Complete

1 **Reimbursements**
✓ Payment Module
✓ Alternate Methods

2 **Effectuation Plan**

3 **Review and Submit**

Review

Review your answers to make sure everything looks right and make any necessary changes.

✓ **No Issues detected**

[Back](#) [Next >](#)

If the system found errors needing remediation, the window displays a message stating the errors that were detected.

Medicare Transaction Facilitator (MTF) [Help Desk](#) [My Account](#) [Log out](#)

Administration ▾ Manufacturer Enrollment Manufacturer Dashboard

2/3
Sections Complete

1 **Reimbursements**
✓ Payment Module
✓ Alternate Methods

2 **Effectuation Plan**

3 **Review and Submit**
○ Review
○ Sign

Effectuation Plan

❗ **Please correct the following errors**

- [Document](#): Uploaded document is required

ℹ Please complete the MTF enrollment form prior to 9/1/2025.

Please download the MFP Effectuation Plan Form template by selecting the following link:
<https://www.cms.gov/files/document/mfp-effectuation-plan-form.pdf?>

After populating the form with your organization's MFP Effectuation Plan, upload a signed copy below (PDF only).

⬇

Drag and drop your files here, or

Supported formats: PDF
Maximum file size: 10MB

[Browse Files](#)

[Back](#) [Save >](#)

In this case, you need to go to the pages containing the errors and fix them. When all errors are fixed and the **Review** window displays **No issues detected**, click on the **Next** button. The **Sign and Submit your Enrollment Form** window opens.

Medicare Transaction Facilitator (MTF) [Help Desk](#) [My Account](#) [Log out](#)

Administration ▾ Manufacturer Enrollment Manufacturer Dashboard

2/3
Sections Complete

1 Reimbursements
✓ Payment Module
✓ Alternate Methods

2 Effectuation Plan

3 Review and Submit
✓ Review
○ Sign

Sign and Submit your Enrollment Form

You must sign and acknowledge before you can submit.

I hereby certify, to the best of my knowledge, that the information being sent to CMS in this submission is complete and accurate, and the submission was prepared in good faith and after reasonable efforts. I reviewed the submission and made a reasonable inquiry regarding its content. I understand the information contained in this submission will be used by CMS for administering the Negotiation Program, including to support MFP effectuation through the MTF DM and MTF PM, and to inform CMS' monitoring and oversight efforts as described in section 90.2.1 of the final guidance.

Full Name

Signature

[< Back](#) [Submit](#)

22. Enter your name and digital signature.

23. Click on the **Submit** button. A message appears stating that the submission was successful.

✓ **Enrollment completed on 05/30/2025 at 5:06 PM**
Nothing else is needed at this time.

5.1.1 Primary Manufacturer MTF PM Enrollment Opt-In / Opt-Out

If a primary manufacturer opts into the MTF PM, the MTF will process payments on behalf of dispensing entities, based on the direction that primary manufacturers provide to MTF DM in the Manufacturer Refund Advice file. Opting in requires signing the MTF Payment Module User Agreement and providing financial information, etc.

- Financial Institution
- Manufacturer Point of Contact
- Payment Details
- Verification

For primary manufacturers that make payments outside of the MTF PM, the MTF DM will send the dispensing entity/third-party support entity bank account information to the primary manufacturer.

Please note: The tracking and applications of credits will only be available if a primary manufacturer opts into the MTF PM.

If a primary manufacturer chooses to opt in to the MTF PM during enrollment and later decides that they would like to opt out, there is an option to re-open the enrollment form, answer no on the PM opt-in screen, and recertify. (Please note: the primary manufacturer is required to provide 90 days' notice before opting out after originally opting in.) Conversely, if a primary manufacturer chooses not to opt in during enrollment, they can later re-open the enrollment form, answer yes on the PM opt-in screen, and recertify.

5.1.2 Primary Manufacturer MFP Effectuation Plans

The MFP Effectuation Plan will be available as a downloadable, fillable PDF in the system. Primary manufacturers download the PDF file, complete the required fields, and then upload the document to submit. See the process and screenshots in Section 5.1.

5.2 Dispensing Entity Enrollment

The MTF DM enables enrollment of a variety of dispensing entity types including a dispensing entity chain home office (i.e., an entity such as a mass merchant or supermarket that provides centralized management and administrative services from corporate headquarters to pharmacies or dispensing entities under common ownership) and non-chain dispensing entities, such as independent pharmacies, long-term care pharmacies, Indian Health Service, Tribal, and Urban Indian pharmacies. Dispensing entities that operate under the same corporate parent should be enrolled under the dispensing entity chain home office designation and enrollment should be completed by their dispensing entity chain home office to ensure that all associated locations are covered under a single, streamlined submission.

5.2.1 Before You Begin Enrollment

CMS will use the NCPDP Pharmacy Database to identify and validate initial dispensing entity users, or first users, who will enroll their organizations in MTF. These users will be responsible for verifying their identity via CMS's Identity Management system, creating an account in MTF, and attesting to their role in their organization. In addition, the first user will be responsible for inviting other users from their organization to register for access to MTF.

The information that is contained in the NCPDP Pharmacy Database for your organization at the time of enrollment is what the MTF will rely upon to both 1) identify and validate you as a first user, and 2) pre-populate certain fields in the Dispensing Entity Enrollment Questionnaire, if permitted by your dispensing entity.

Please ensure this information is up to date prior to beginning the enrollment process. If, while completing your enrollment, you note that you need to update your NCPDP Pharmacy Database data, note that it might take at least 2 weeks from the date of your update until CMS receives the refresh of the data.

You can update your organization's information via the NCPDP's [website](#).

Verify the following organization information in the NCPDP Pharmacy Database.

- Legal Business Name
- Doing Business As (DBA) Name (if applicable)
- Store Location # (if applicable)
- Mailing Address: Street, City, State, Zip
- Business Address: Street, City, State, Zip
- NCPDP Provider ID
- NCPDP Parent Organization ID
- NCPDP Relationship ID
- Pharmacy National Provider Identifier
- State License Number (optional)
- Federal Tax Identification Number

In addition to the organization information, having the following information available will make the enrollment process go more quickly:

- A list of your National Provider Identifier(s) for which anticipated material cashflow concerns apply.
- Your third-party support entity's information regarding maximum fair price refund payments and/or Electronic Remittance Advices or remittance advice sent and made available to a third-party support entity, if applicable:
 - Payment Third-Party Support Entity Name
 - Payment Third-Party Support Entity "Payment Center ID" Code (six-digit identification number assigned by the NCPDP)
 - Remittance Third-Party Support Entity Name
 - Remittance Third-Party Support Entity "Remit and Reconciliation ID" Code (six-digit identification number assigned by the NCPDP)
- Your Financial Information
 - Bank Name
 - Account Information
- Your Contact Information (Primary and Secondary)
 - Name
 - Title
 - Email Address
 - Phone Number (one required and one optional)

5.2.2 Enrolling Your Organization

After you have completed your account registration as an Authorized Signatory Official or Access Manager as described in Section 4, you can enroll your organization.

When you log into the MTF the **Welcome to the Medicare Transition Facilitator** window opens.

Please note: There are various information/resource links.

Medicare Transaction Facilitator (MTF)

[Help Desk](#)
[My Account](#)

Log out

Administration
DE/TPSE Enrollment
Manufacturer Dashboard

Welcome to the Medicare Transaction Facilitator (MTF)

MTF for Dispensing Entities and Third-Party Support Entities

The MTF user interface will serve as a single point of access to assist dispensing entities in the Maximum Fair Price (MFP) effectuation process. CMS anticipates many benefits for dispensing entities using the MTF, some of which are described in section 40.4 of the [Manufacturer Effectuation of the MFP in 2026 and 2027](#) ("final guidance").

Key Resources

- The Pharmacy and Dispensing Entities resources Fact Sheet and Frequently Asked Questions document details key information for pharmacies and other dispensing entities that will engage with the new new new MTF system, a core component of implementing the Negotiation Program.
 - [Medicare Transaction Facilitator: Fact Sheet for Pharmacies and Dispensing Entities \(PDF\)](#) (April 7, 2025)
 - [Medicare Transaction Facilitator: Frequently Asked Questions for Pharmacies and Other Dispensing Entities](#) (April 7, 2025)
 - [MTF User Guide](#)
- More information about the Medicare Drug Price Negotiation Program broadly, including the manufacturers of the drugs selected for negotiations, the timeline for the implementation, program guidance, Information Collection Requests, and other relevant program information is available [here](#).

Enrollment Timeline

Phase I: Pre-Enrollment

Late March - May 2025

- Dispensing entities and Third Party Support Entities update NCPDP information
- CMS posts FAQs and other resources

Phase II: Enrollment

June - December 2025

- CMS launches the MTF enrollment module
- Dispensing entities and TPSEs enroll in the MTF

Implementation: January 2026

- MFP Refund Payments Begin

Help Desk

If you need help with the MTF, your profile, or submitting a complaint or dispute, get help at the MTF Help Desk.

Contact Us

Have a question, input, or feedback? For questions about the MTF, email MFPMedicareTransactionFacilitator@cms.hhs.gov.

For general questions about the Medicare Drug Price Negotiation Program, email us at IRABateandNegotiation@cms.hhs.gov

Sign Up for Emails

Please sign up to receive emails about the MTF by clicking [this link](#), entering your email address, and selecting "Medicare Transaction Facilitator" under the Center for Medicare.

- Click on the **DE/TPSE Enrollment** tab. The **Welcome to the Dispensing Entity Enrollment** window opens. The **Entity type** field is auto filled with **Dispensing entity**. Your organization is listed in the **DE Profile** field. If you are associated with multiple organizations, they will be listed. Select the appropriate one.

Medicare Transaction Facilitator (MTF)

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Welcome to the Dispensing Entity Enrollment

Here, you can:

- Enroll and keep your information current
- Provide refund payment instructions
- Receive remittance advice (paper or electronic)
- Designate a third-party support entity to manage your refunds or remittance advice
- Find technical assistance

For more information about the Medicare Drug Price Negotiation Program and the 10 selected drugs covered under Medicare Part D with maximum fair prices that will go into effect on January 1, 2026, please visit [CMS' website](#).

Choose between Dispensing entity or Third-party support entity.

Entity type **DE Profile**

Dispensing entity Dispensing Entity 9 (0000009)

1 Sign Agreement

Your ASO has to sign the agreement.

[View agreement](#)

2 Complete Enrollment Form

The enrollment process should take less than an hour to complete. You can save your progress at any time and return later if needed.

[Begin enrollment form](#)

2. Read the instructions.

Please note: Your organization's Authorized Signatory Official must e-sign the MTF Data Module User Agreement listed in step 1, and that the agreement must be e-signed before you can complete the enrollment process.

Please note: If you, the first user, are an Access Manager, you will have to invite an Authorized Signatory Official so they can e-sign agreements. Otherwise, the enrollment cannot be completed. See [Section 4.3.2](#) for the user invitation process.

3. Click on the **View Agreement** button. The **Dispensing Entity MTF Data Module User Agreement** window opens.

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MEDICARE TRANSACTION FACILITATOR DATA MODULE USER AGREEMENT

(hereinafter referred to as the “MTF DM User Agreement” or “this Agreement”)

Between

The Centers for Medicare & Medicaid Services

(hereinafter referred to as “CMS”)

And

The Dispensing Entity Identified in Section XII of this Agreement

(hereinafter referred to as “the Dispensing Entity”)

WHEREAS, pursuant to sections 1191 through 1198 of the Social Security Act (“the Act”), as set forth in the Inflation Reduction Act (“IRA”), P.L. 117-169, CMS is responsible for the administration of the Medicare Drug Price Negotiation Program (“Negotiation Program”), which sets forth a framework under which participating manufacturers and CMS may negotiate to determine a price (referred to as “maximum fair price” in the Act and hereinafter “MFP”) for each selected drug in order for manufacturers to provide access to such MFP to MFP-eligible individuals and to pharmacies, mail order services, and other dispensing entities (hereinafter “dispensing entities”); and

Submit

Print

4. Read the agreement.
5. To submit the agreement, fill out the signature fields at the end of Section XII.

Note: An Authorized Signatory Official must submit the agreement.

By: (e-signature)

Title

Name of Dispensing Entity

Dispensing Entity Mailing Address Line 1

Dispensing Entity Mailing Address Line 2

City

State:

Zip

Date

FOR CMS

Cheri Rice

By: Cheri Rice
 Title: Deputy Director, Parts C and D, of the Center for Medicare
 Date: June 9, 2025

Submit Print

6. If you choose to print the agreement, click on the **Print** button.
7. Click on the **Submit** button and close the agreement window. Step 1 is now shown to be completed, and step 2 is activated.

1 Sign Agreement

✓ Completed [View](#)

2 Complete Enrollment Form

The enrollment process should take less than an hour to complete. You can save your progress at any time and return later if needed.

[View enrollment form](#)

8. Click on the **View enrollment form** button. The **Dispensing Entity Enrollment** page opens. **Section 1: MTF User Roles** is displayed.

Section 1: MTF User Roles

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Administration **DE/TPSE Enrollment** **Manufacturer Dashboard**

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sections complete

☒ **Section 1: MTF DM User Roles** [^]
✓Q1: MTF DM User Roles

☐ **Section 2: Dispensing Entity Identification Information** [^]
Instructions
Q1/1A: Dispensing Entity Identification
Q2: Location Information
Q3/3A: Material Cashflow Concerns

☐ **Section 3: Dispensing Entity Financial Information** [^]
Instructions
Q1: Third-Party Support Entity Refund Recipient
Q1A: Third-Party Support Entity Remittance Advice
Confirmation
Q1B/1C/1D: MFP Refund Payment Preference

Dispensing Entity Enrollment - Dispensing Entity 9 (0000009)

In Progress

Section 1: MTF DM User Roles
[Manage users within your dispensing entity](#)

Dispensing Entity Users

User Role	User Full Name	User Email Address
Enter text to filter column	Enter text to filter column	Enter text to filter column
Authorized Signatory Official	testDE account DE	MTFTTEST50@DCCA.COM
Authorized Signatory Official	Scott Mucci	smucci@dcca.com

10 items per page 1 - 2 of 2 items

Save

9. This read-only screen lists your organization's users and their roles.

The **Manage users within your dispensing entity** link allows users with the Authorized Signatory Official and Access Manager roles to view and manage user data.

See [Section 4.3.2](#) for the user management processes.

10. Click on the **Save** button. The **Section 2 Instructions** window opens.

Section 2: Dispensing Entity Identification Information

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sections complete

Section 1: MTF DM User Roles
^

√ Q1: MTF DM User Roles

Section 2: Dispensing Entity Identification Information
^

Instructions

Q1/1A: Dispensing Entity Identification

Q2: Location Information

Q3/3A: Material Cashflow Concerns

Section 3: Dispensing Entity Financial Information
^

Instructions

Q1: Third-Party Support Entity Refund Recipient

Q1A: Third-Party Support Entity Remittance Advice

Confirmation

Q1B/1C/1D: MFP Refund Payment Preference

Q1E: Confirmation of Financial Information

Q2: Third-Party Support Entity Acknowledgement

Q3: Nonprofit Organization

Section 4: Dispensing Entity MFP Refund Payment Instructions for Primary Manufacturers Not Participating in the MTF PM
^

Instructions

Q1/2: Information Sharing

Section 5: Dispensing Entity Contact Information
^

Dispensing Entity Enrollment - Dispensing Entity 9 (0000009)

In Progress

Section 2: Dispensing Entity Identification Information

Section 2 requires identifying information about the dispensing entity, including federally issued identifying information and demographic, geographic, and relationship information for verification purposes and to enable enrollment in the MTF Data Module (DM).

Instructions

- Dispensing entities are required to answer all questions. If the question is not applicable, please indicate this in the corresponding text field by entering "Not Applicable."
- Question 1 asks for authorization to use the dispensing entity's self-reported information to the National Council of Prescription Drug Programs (NCPDP) to optimize MTF Data Module enrollment procedures. If authorization is not given, the dispensing entity will be required to manually enter the requested information in Question 2 or upload a roster.
- Question 2 asks for identifying information for verification purposes, which, depending on your response to Question 1, may be prepopulated for you using the NCPDP dataQ® Pharmacy Database.
- Question 3 provides an opportunity for dispensing entities to self-identify as anticipating material cashflow concerns at the start of the initial price applicability year due to the shift from payment by the Part D plan sponsor to a combination of Part D plan sponsor payment plus a potentially lagged maximum fair price (MFP) refund. Responses to this question are optional and will be treated as confidential and shared with Primary Manufacturers for purposes of informing Primary Manufacturer's development of their MFP effectuation plan only. For example, CMS expects that certain types of dispensing entities—such as sole proprietor rural and urban pharmacies with high volume of Medicare Part D prescriptions dispensed; pharmacies who predominantly rely on prescription revenue to maintain business operations; long-term care pharmacies; 340B covered entities with in-house pharmacies; and Indian Health Service, Tribal, and Urban Indian (I/T/U) pharmacies—may have material concerns about cashflow related to the effectuation of MFP.

As stated in section 90.2.1 of the Final Guidance, CMS will make the list of the self-identified dispensing entities

Previous Save

11. Read the instructions before answering the questions.

12. Click on the **Save** button. The **Section 2 Question 1** window opens.

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sections complete

✓ **Section 1: MTF DM User Roles** ^
✓ Q1: MTF DM User Roles

● **Section 2: Dispensing Entity Identification Information** ^
Instructions
Q1/1A: Dispensing Entity Identification
Q2: Location Information
Q3/3A: Material Cashflow Concerns

○ **Section 3: Dispensing Entity Financial Information** ^
Instructions
Q1: Third-Party Support Entity Refund Recipient
Q1A: Third-Party Support Entity Remittance Advice
Confirmation
Q1B/1C/1D: MFP Refund Payment Preference
Q1E: Confirmation of Financial Information

Section 2: Dispensing Entity Identification Information

Question 1 Please indicate below if you authorize the MTF to use and rely on the dispensing entity's information as reported to NCPDP dataQ[®] Pharmacy Database. Your response does not affect your ability to designate the dispensing entity as the direct recipient of MFP refund payments or to the third-party support entity listed in the database (see Section 3, Questions 1-1A). Your response will guide how we collect your identifying information and optimize enrollment procedures in the MTF DM. Accordingly, please ensure that your information in NCPDP dataQ[®] Pharmacy Database is correct and up to date.

Selecting "Yes" means a copy of the most recent information from NCPDP dataQ[®] Pharmacy Database will be displayed in Question 2 for your verification.

Selecting "No" means the required identifying information will need to be entered manually in Question 2.

☐ Yes
☐ No

[< Previous](#) [Save >](#)

13. Read the instructions before answering the questions.

14. Select **Yes** or **No**.

If you select **No**, click on the **Save** button and continue to Question 2.

If you select **Yes**, the **Section 2 Question 1A** field appears and is pre-populated with your organization's data as listed in the NCPDP Pharmacy Database.

Please note: The specific fields might differ depending on whether your organization is a chain.

Confirmation
Q1B/1C/1D: MFP Refund Payment Preference
Q1E: Confirmation of Financial Information
Q2: Third-Party Support Entity Acknowledgement
Q3: Nonprofit Organization

○ **Section 4: Dispensing Entity MFP Refund Payment Instructions for Primary Manufacturers Not Participating in the MTF PM** ^
Instructions
Q1/2: Information Sharing

○ **Section 5: Dispensing Entity Contact Information** ^
Instructions
Q1: Dispensing Entity Contact Information

○ **Section 6: Dispensing Entity Certification** ^

☒ Yes
☐ No

Question 1A Data has been pre-populated. Please ensure that your information in NCPDP dataQ[®] Pharmacy Database is correct and up to date.

Legal Business Name
Dispensing Entity 9

Doing Business As (DBA) Name

NCPDP Provider ID
0000009

[Confirm](#)

[< Previous](#) [Save >](#)

15. If the data is accurate, click on the **Confirm** button. A confirmation complete message appears on the screen.

The screenshot displays the 'Confirmation' screen. On the left sidebar, the following links are visible: 'Confirmation', 'Q1B/1C/1D: MFP Refund Payment Preference', 'Q1E: Confirmation of Financial Information', 'Q2: Third-Party Support Entity Acknowledgement', 'Q3: Nonprofit Organization', 'Section 4: Dispensing Entity MFP Refund ^ Payment Instructions for Primary Manufacturers Not Participating in the MTF PM', 'Instructions', 'Q1/2: Information Sharing', 'Section 5: Dispensing Entity Contact Information', 'Instructions', 'Q1: Dispensing Entity Contact Information', 'Section 6: Dispensing Entity Certification', 'Instructions', and 'Q1: Certification of Dispensing Entity Submissions'. The main content area features a 'Question 1A' section with a radio button for 'Yes' (selected) and a radio button for 'No'. Below this, a green banner states 'Confirmation complete'. Further down, there are three input fields: 'Legal Business Name' (containing 'Dispensing Entity 9'), 'Doing Business As (DBA) Name' (empty), and 'NCPDP Provider ID' (containing '0000009'). A blue 'Confirm' button is located at the bottom right of the main content area.

If the data is not correct, you need to update the data in the NCPDP Pharmacy Database. Log out of the MTF, correct the data in the database, and restart the enrollment process.

16. Click on the **Save** button. The **Section 2 Question 2** window opens.

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sections complete

- Section 1: MTF DM User Roles
 - ✓ Q1: MTF DM User Roles
- Section 2: Dispensing Entity Identification Information**
 - Instructions
 - ✓ Q1/QA: Dispensing Entity Identification
 - ✓ Q2: Location Information
 - Q3/QA: Material Cashflow Concerns
- Section 3: Dispensing Entity Financial Information
 - Instructions
 - Q1: Third-Party Support Entity Refund Recipient
 - Q1A: Third-Party Support Entity Remittance Advice
 - Confirmation
 - Q1B/Q1C/Q1D: MFP Refund Payment Preference
 - Q1E: Confirmation of Financial Information
 - Q2: Third-Party Support Entity Acknowledgement
 - Q3: Nonprofit Organization
- Section 4: Dispensing Entity MFP Refund ~ Payment Instructions for Primary Manufacturers Not Participating in the MTF PM
 - Instructions
 - Q1/Q2: Information Sharing
- Section 5: Dispensing Entity Contact Information
 - Instructions
 - Q1: Dispensing Entity Contact Information
- Section 6: Dispensing Entity Certification
 - Instructions
 - Q1: Certification of Dispensing Entity Submissions

Dispensing Entity Enrollment - Dispensing Entity 9 (0000009) In Progress

Section 2: Dispensing Entity Identification Information

Question 2 A complete and accurate roster of your organization's location, including any associated dispensing entity locations, is required. Based on your response to the previous questions, the following table may be prepopulated with information from NCPDP dataQ[®] Pharmacy Database for verification. Accordingly, please verify the accuracy of the prepopulated information.

If you have opted not to authorize use of the NCPDP dataQ[®] Pharmacy Database, please complete the following table by clicking "Add Location", adding rows as applicable, or, if preferred, please upload a roster, a template is provided below the table, containing the requested information. If manually entering information and mailing address and business address are the same, please indicate that in the text box or document rather than filling out the same address twice.

[Add Location](#)

Legal business name	Doing Business As (DBA) name	Store location ID number	Mailing address	Business address	NCPDP provider ID	Pharmacy National Provider Identifier (NPI)	State license number	Federal tax ID number
<input type="text" value="Filter text"/>	<input type="text" value="Filter text"/>				<input type="text" value="Filter text"/>	<input type="text" value="Enter text to filter column"/>	<input type="text" value="Filter text"/>	<input type="text" value="Filter text"/>
No records available								

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DE Identification Information Template: [Download File](#)

Upload an Identification information document

Drag and drop your files here, or

Supported formats: XLSX
Maximum file size: 3MB

[Browse Files](#)

[< Previous](#) [Save >](#)

17. Read the instructions before answering the question.

If you answered **Yes** to Question 1, your organization's latest information from the NCPDP Pharmacy Database appears in the **Locations** table. Verify that the data is correct.

If you answered **No** to Question 1, you could enter your organization's identification information in two ways:

Method 1:

Click on the **Add Location** button to open the **Dispensing Entity Location** data entry window, enter your organization's data, and then click on the **Add** button.

The data you entered will appear in the Locations table.

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Dispensing Entity Location

Legal Business Name

Doing Business As (DBA) Name

Store Location Number, if applicable

Mailing Address Line 1

Mailing Address Line 2

Mailing City

Mailing State

Select state

Mailing Zip Code

Business Address is the same With Mailing Address

☐ Yes
 ☒ No

Business Address Line 1

Business Address Line 2

Business City

Business State

Select state

Business Zip Code

NCPDP Provider ID

Pharmacy National Provider Identifier (NPI)

State License Number

Federal Tax Identification Number

Cancel

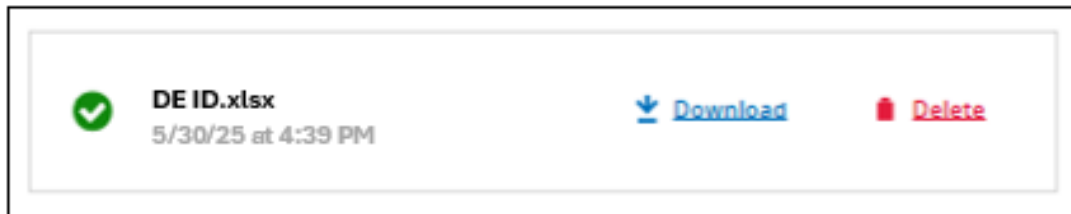
Add

Method 2:

Download the **DE Identification Information Template** by clicking on the **Download File** button.

Open the file, enter data, and save the form.

Upload the file into the enrollment form. The window now indicates the upload was successful, and your organization's data appears in the **Locations** table.



18. Click on the **Save** button. The **Section 2 Question 3** window opens.

A screenshot of the Medicare Transaction Facilitator (MTF) interface. The top navigation bar includes "Administration", "DE/TPSE Enrollment", and "Manufacturer Dashboard". The main content area is titled "Dispensing Entity Enrollment - Dispensing Entity 9 (0000009)". On the left, a sidebar shows a progress indicator "1 / 6" and a list of sections: "Section 1: MTF DM User Roles" (complete), "Section 2: Dispensing Entity Identification Information" (selected), and "Section 3: Dispensing Entity Financial Information". The main content area for Section 2 shows "Question 3" with the text: "This dispensing entity is self-identifying as a dispensing entity that anticipates material cashflow concerns for at least one location at the start of the initial price applicability year due to the shift from payment by the Part D plan sponsor to a combination of Part D plan sponsor payment plus a potentially lagged maximum fair price (MFP) refund." Below the text are three radio button options: "Yes", "No", and "I Prefer Not to Answer". At the bottom of the form are "Previous" and "Save" buttons.

19. Select **Yes**, **No**, or **I Prefer Not to Answer**.

If you select **No** or **I Prefer Not to Answer**, click on the **Save** button. The **Section 3 Instructions** window opens.

If you select **Yes**, Question 3A, the **List of applicable NPIs with anticipated material cashflow concerns** field, appears.

You can enter data in two ways:

Method 1:

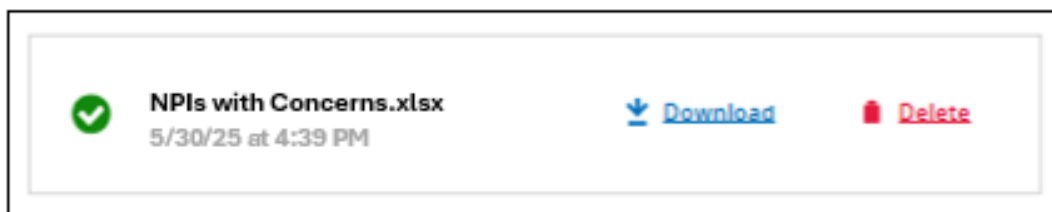
Enter applicable NPIs, and then click on the **Save** button. The **Section 3 Instructions** window opens.

Method 2:

Download the **DE NPI Number Template** by clicking on the **Download File** button and open it.

Enter data and save the form.

Upload the file into the enrollment form. The window now indicates the upload was successful.



Click on the **Save** button. The **Section 3 Instructions** window opens.

Section 3: Dispensing Entity Financial Information

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sections complete

Section 1: MTF DM User Roles

✓Q1: MTF DM User Roles

Section 2: Dispensing Entity Identification Information

Instructions

✓Q1/1A: Dispensing Entity Identification

✓Q2: Location Information

✓Q3/3A: Material Cashflow Concerns

Section 3: Dispensing Entity Financial Information

Instructions

Q1: Third-Party Support Entity Refund Recipient

Q1A: Third-Party Support Entity Remittance Advice

Confirmation

Q1B/1C/1D: MFP Refund Payment Preference

Q1E: Confirmation of Financial Information

Q2: Third-Party Support Entity Acknowledgement

Q3: Nonprofit Organization

Section 4: Dispensing Entity MFP Refund Payment Instructions for Primary Manufacturers Not Participating in the MTF PM

Instructions

Q1/2: Information Sharing

Section 5: Dispensing Entity Contact Information

Instructions

Q1: Dispensing Entity Contact Information

Section 6: Dispensing Entity Certification

Instructions

Dispensing Entity Enrollment - Dispensing Entity 9 (0000009)

In Progress

Section 3: Dispensing Entity Financial Information

Financial information and account details are needed in connection with the MFP refund payment from the Primary Manufacturer to the dispensing entity. This information may also be necessary for establishing accurate remittance advices or Electronic Remittance Advice (ERA).

Instructions

- Dispensing entities are required to answer all questions.
- In completing this section, please note the following:
 - The financial institution's name must be the legal business name of that financial institution.
 - The account to which electronic transfer of funds payments is made must bear the account holder's name and legal business name.
 - Account number should include applicable leading zeros.
- Dispensing entities are responsible for maintaining the accuracy of information in this section and reporting any changes over time. Upon any change to the information in this section, the information in this form should be updated via the MTF DM user interface. Failure to promptly update information may cause delays or interruptions in processing of MFP refunds.
- Under Section 3, Question 1E of this section, please submit a voided check or a letter on the bank's letterhead for verification purposes. This helps to ensure the accuracy of account details and prevents errors in payment processing. Only one type of documentation is needed. When submitting the banking verification documentation, it should contain:
 - The name on the account (account holder's name)
 - Routing number
 - Account number
 - Account type
 - If submitting bank letterhead, the bank officer's name and signature is also required.

NOTE: Supporting bank documents must be in the organization's legal business name only.

- Question 3 concerns tax reporting information. Nonprofit dispensing entities will not receive an IRS Form 1099.

Questions 1B-1E of this section requests the dispensing entity's preference for electronic transfer of funds or check and accompanying details for completing payment (banking information or address). If you indicated in Question 1 of this section

< Previous

Save >

20. Read the instructions before answering the questions.

21. Click on the **Save** button. The **Section 3 Question 1** window opens.

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sections complete

✓ **Section 1: MTF DM User Roles** ^
✓Q1: MTF DM User Roles

✓ **Section 2: Dispensing Entity Identification Information** ^
Instructions
✓Q1/1A: Dispensing Entity Identification
✓Q2: Location Information
✓Q3/3A: Material Cashflow Concerns

● **Section 3: Dispensing Entity Financial Information** ^
Instructions
Q1: Third-Party Support Entity Refund Recipient
Q1A: Third-Party Support Entity Remittance Advice

Dispensing Entity Enrollment - Dispensing Entity 9 (0000009)

In Progress

Section 3: Dispensing Entity Financial Information

Question 1 Irrespective of your decision to authorize the MTF to rely on your information in the NCPDP dataQ*, you retain the option to have MFP refund payments sent either to a third-party support entity listed in that database or to yourself. Please confirm whether the dispensing entity wants to use the third-party support entity listed in the NCPDP dataQ* for purposes of the MTF.

Do you want to use the third-party support entity listed in NCPDP dataQ* to process your MFP refund payments?

☐ Yes
☒ No

[< Previous](#) [Save >](#)

22. Select **Yes** or **No** as appropriate.

If you select **No**, then click on the **Save** button to go to **Section 3 Question 1A**.

If you select **Yes**, the list of your current active associated entities appears.

Please note: You can click on the **Show all TPSEs in NCPDP** button to see and select from a wider list of all third-party support entities in the NCPDP Pharmacy Database that are or are not already associated with your organization in the database.

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sections complete

Section 1: MTF DM User Roles

✓ Q1: MTF DM User Roles

Section 2: Dispensing Entity Identification Information

Instructions

✓ Q1/1A: Dispensing Entity Identification

✓ Q2: Location Information

✓ Q3/3A: Material Cashflow Concerns

Section 3: Dispensing Entity Financial Information

Instructions

Q1: Third-Party Support Entity Refund Recipient

Q1A: Third-Party Support Entity Remittance Advice Confirmation

Q1B/1C/1D: MFP Refund Payment Preference

Q1E: Confirmation of Financial Information

Q2: Third-Party Support Entity Acknowledgement

Q3: Nonprofit Organization

Section 4: Dispensing Entity MFP Refund Payment Instructions for Primary Manufacturers Not Participating in the MTF PM

Instructions

Q1/2: Information Sharing

Section 5: Dispensing Entity Contact Information

Instructions

Dispensing Entity Enrollment - Dispensing Entity 9 (0000009)

In Progress

Section 3: Dispensing Entity Financial Information

Question 1

Irrespective of your decision to authorize the MTF to rely on your information in the NCPDP dataQ®, you retain the option to have MFP refund payments sent either to a third-party support entity listed in that database or to yourself. Please confirm whether the dispensing entity wants to use the third-party support entity listed in the NCPDP dataQ® for purposes of the MTF.

Do you want to use the third-party support entity listed in NCPDP dataQ® to process your MFP refund payments?

☒ Yes
☐ No

Below are your current active associated entities, please select where payment should be routed. Note that you can click on the "Show all TPSEs in NCPDP" button to see and select from a wider list of all Third Party Support Entities in NCPDP that are or are not already associated with your organization in NCPDP.

☐ Show all TPSEs in NCPDP

Selection	Entity Type	Entity ID	Name	Contact Name	Contact Phone
	<input type="text" value="Filter text"/>	<input type="text" value="Filter text"/>	<input type="text" value="Filter text"/>	<input type="text" value="Filter text"/>	<input type="text" value="Filter text"/>
No records available					

10

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Save >

Q2: Third-Party Support Entity Acknowledgement

Q3: Nonprofit Organization

Section 4: Dispensing Entity MFP Refund Payment Instructions for Primary Manufacturers Not Participating in the MTF PM

Instructions

Q1/2: Information Sharing

Section 5: Dispensing Entity Contact Information

Instructions

☒ Show all TPSEs in NCPDP

Selection	Entity Type	Entity ID	Name	Contact Name	Contact Phone
	<input type="text" value="Filter text"/>	<input type="text" value="Filter text"/>	<input type="text" value="Filter text"/>	<input type="text" value="Filter text"/>	<input type="text" value="Filter text"/>
<input checked="" type="radio"/>	Payment Center	008985	ABC Carnivals	Delilah O Wright	404-066-2409
<input checked="" type="radio"/>	Payment Center	003957	Amusement Park Expos	Oakley I Garcia	888-632-9270
<input checked="" type="radio"/>	Payment Center	000349	Aquarium TV	Eliana V Bryant	401-026-7452

< Previous

Save >

Select a third-party support entity from the list, and then click on the **Save** button to go to **Section 3 Question 1A**.

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sections complete

✓ **Section 1: MTF DM User Roles** ^
✓ Q1: MTF DM User Roles

✓ **Section 2: Dispensing Entity Identification Information** ^
Instructions
✓ Q1/1A: Dispensing Entity Identification
✓ Q2: Location Information
✓ Q3/3A: Material Cashflow Concerns

● **Section 3: Dispensing Entity Financial Information** ^
Instructions

Dispensing Entity Enrollment - Dispensing Entity 9 (0000009)

In Progress

Section 3: Dispensing Entity Financial Information

Question 1A Irrespective of your decision to authorize the MTF to rely on your information in the NCPDP dataQ*, you retain the option to make Electronic Remittance Advice (ERA) or remittance advice available either to a third-party support entity listed in that database or to yourself.

Do you want to use the third-party support entity listed in NCPDP dataQ* to process your ERAs or remittance advice?

☐ Yes
☐ No

< Previous Save >

23. Select **Yes** or **No** as appropriate.

If you select **No**, click on the **Save** button to go to **Section 3 Confirmation**.

If you select **Yes**, the list of your current active associated entities appears.

Please note: You can click on the **Show all TPSEs in NCPDP** button to see and select from a wider list of all third-party support entities in the NCPDP Pharmacy Database that are or are not already associated with your organization in the database.

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sections complete

- ✓ **Section 1: MTF DM User Roles**
 - ✓ Q1: MTF DM User Roles
- ✓ **Section 2: Dispensing Entity Identification Information**
 - Instructions
 - ✓ Q1/1A: Dispensing Entity Identification
 - ✓ Q2: Location Information
 - ✓ Q3/3A: Material Cashflow Concerns
- **Section 3: Dispensing Entity Financial Information**
 - Instructions
 - ✓ Q1: Third-Party Support Entity Refund Recipient
 - Q1A: Third-Party Support Entity Remittance Advice**
 - Confirmation
 - Q1B/1C/1D: MFP Refund Payment Preference
 - Q1E: Confirmation of Financial Information
 - Q2: Third-Party Support Entity Acknowledgement
 - Q3: Nonprofit Organization
- **Section 4: Dispensing Entity MFP Refund Payment Instructions for Primary Manufacturers Not Participating in the MTF PM**
 - Instructions
 - Q1/2: Information Sharing

Dispensing Entity Enrollment - Dispensing Entity 9 (0000009)

In Progress

Section 3: Dispensing Entity Financial Information

Question 1A Irrespective of your decision to authorize the MTF to rely on your information in the NCPDP dataQ®, you retain the option to make Electronic Remittance Advice (ERA) or remittance advice available either to a third-party support entity listed in that database or to yourself.

Do you want to use the third-party support entity listed in NCPDP dataQ® to process your ERAs or remittance advice?

☒ Yes
☐ No

Below are your current active associated entities, please select where payment should be routed. Note that you can click on the "Show all TPSEs in NCPDP" button to see and select from a wider list of all Third Party Support Entities in NCPDP that are or are not already associated with your organization in NCPDP.

☐ Show all TPSEs in NCPDP

Selection	Entity Type	Entity ID	Name	Contact Name	Contact Phone
	<input type="text" value="Filter text"/>	<input type="text" value="Filter text"/>	<input type="text" value="Filter text"/>	<input type="text" value="Filter text"/>	<input type="text" value="Filter text"/>
No records available					

◀ 10 Items per page 0 - 0 of 0 Items

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Q1B/1C/1D: MFP Refund Payment Preference
Q1E: Confirmation of Financial Information
Q2: Third-Party Support Entity Acknowledgement
Q3: Nonprofit Organization

Section 4: Dispensing Entity MFP Refund Payment Instructions for Primary Manufacturers Not Participating in the MTF PM

Instructions
Q1/2: Information Sharing

Section 5: Dispensing Entity Contact

☒ Show all TPSEs in NCPDP

Selection	Entity Type	Entity ID	Name	Contact Name	Contact Phone
	<input type="text" value="Filter text"/>	<input type="text" value="Filter text"/>	<input type="text" value="Filter text"/>	<input type="text" value="Filter text"/>	<input type="text" value="Filter text"/>
Select	Remit & Reconciliation	000109	Financial Center	Christian K Parker	166-560-4975
Select	Remit & Reconciliation	000232	Hardware News	Sebastian K Walker	773-935-0661
Select	Remit & Reconciliation	000067	Promotions Capital	Ektatpse Ghimire	388-975-6618

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Select a third-party support entity from the list, and then click on the **Save** button to go to **Section 3 Confirmation**.

If you are not using a third-party support entity to manage or process your maximum fair price refund payments or remittance/Electronic Remittance Advice, a message appears noting that this question is not applicable.

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sections complete

- ✓ **Section 1: MTF DM User Roles**
 - ✓ Q1: MTF DM User Roles
- ✓ **Section 2: Dispensing Entity Identification Information**
 - Instructions
 - ✓ Q1/1A: Dispensing Entity Identification
 - ✓ Q2: Location Information
 - ✓ Q3/3A: Material Cashflow Concerns
- Section 3: Dispensing Entity Financial Information**

Dispensing Entity Enrollment - Dispensing Entity 9 (0000009)

In Progress

Section 3: Dispensing Entity Financial Information

Please confirm, as applicable, that the dispensing entity and the third-party support entity have mutually agreed that the third-party support entity named is authorized to act on behalf of the dispensing entity in the specified manner.

This question is not applicable due to a previous response.

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If you are using a third-party support entity to manage or process your maximum fair price refund payments or remittance/Electronic Remittance Advice, the acknowledgement section appears in the window.

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sections complete

- ✓ **Section 1: MTF DM User Roles**
 - ✓ Q1: MTF DM User Roles
- ✓ **Section 2: Dispensing Entity Identification Information**
 - Instructions
 - ✓ Q1/1A: Dispensing Entity Identification
 - ✓ Q2: Location Information
 - ✓ Q3/3A: Material Cashflow Concerns
- Section 3: Dispensing Entity Financial Information**

Dispensing Entity Enrollment - Dispensing Entity 9 (0000009)

In Progress

Section 3: Dispensing Entity Financial Information

Please confirm, as applicable, that the dispensing entity and the third-party support entity have mutually agreed that the third-party support entity named is authorized to act on behalf of the dispensing entity in the specified manner.

The dispensing entity and the third-party support entity have mutually agreed that the third-party support entity named will act on the dispensing entity's behalf in the specified manner.

☐ Yes

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24. Click on the **Yes** box.

25. Click on the **Save** button. The **Section 3 Question 1B** window opens.

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sections complete

- ✓ **Section 1: MTF DM User Roles** ^
✓ Q1: MTF DM User Roles
- ✓ **Section 2: Dispensing Entity Identification Information** ^
Instructions
✓ Q1/1A: Dispensing Entity Identification
✓ Q2: Location Information
✓ Q3/3A: Material Cashflow Concerns
- **Section 3: Dispensing Entity Financial Information** ^
Instructions

Dispensing Entity Enrollment - Dispensing Entity 9 (0000009)

In Progress

Section 3: Dispensing Entity Financial Information

Question 1B Please select your preference for method of receiving MFP refund payments from Primary Manufacturers using the MTF PM to effectuate the MFP. After indicating your payment preference in Question 1B of this section, please answer either Question 1C or Question 1D, depending on your payment preference. Your responses under this question are required to facilitate the flow of MFP refund payments under a variety of possible circumstances that may arise during implementation of the Program.

Dispensing Entity's MFP Refund Payment Preference

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26. Read the instructions before answering the question.

27. Select **electronic transfer of funds** or **paper check** as appropriate.

Dispensing Entity's MFP Refund Payment Preference	
<div>Electronic transfer of funds</div>	
<p>For large chains directly receiving MFP refund payments (i.e., not using a third-party support entity), all MFP refund payments will be directed to the account you provide, below. If your chain has regional subdivisions or associated store locations that require payments to be deposited into a separate bank account, those entities must enroll separately, entering their respective bank accounts.</p>	
Bank Name	
Bank Account Holder	
Bank Account Type	
Recipient's Bank Account Number	
Re-enter Recipient's Bank Account Number	
Recipient's Bank Routing Number	
Re-enter Recipient's Bank Routing Number	
<p>Please enter the bank account holder's information. This information is required in order for the MTF to validate and transmit payment.</p>	
Dispensing Entity Federal Tax Identification Number	23-5555555
Dispensing Entity NPI (if applicable)	1215000625
Address Line 1	710 12th St S, Apt 555, Arlington, VA 22202
Address Line 2	Apt 555
City	Arlington
State	Virginia
Zip	22202

Dispensing Entity's MFP Refund Payment Preference	
<div>Paper check</div>	
Dispensing Entity Federal Tax Identification Number	23-5555555
Dispensing Entity NPI (if applicable)	1215000625
Payment Address	
Address Line 1	710 12th St S, Apt 555, Arlington, VA 22202
Address Line 2	Apt 555
City	Arlington
State	Virginia
Zip	22202

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Save >

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Save >

28. After entering the appropriate data, click on the **Save** button. The **Section 3 Question 1E** window opens.

- A. If you selected **paper check** in the previous question, the window notes that no action is required.

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sections complete

- ✓ **Section 1: MTF DM User Roles**
 - ✓Q1: MTF DM User Roles
- ✓ **Section 2: Dispensing Entity Identification Information**
 - Instructions
 - ✓Q1/1A: Dispensing Entity Identification
 - ✓Q2: Location Information
 - ✓Q3/3A: Material Cashflow Concerns
- Section 3: Dispensing Entity Financial Information**
 - Instructions
 - ✓Q1: Third-Party Support Entity Refund Recipient

Dispensing Entity Enrollment - Dispensing Entity 9 (0000009)

In Progress

Section 3: Dispensing Entity Financial Information

Question 1E To enable electronic transfer of funds, please upload one of the following documents to verify the banking information provided: either (1) voided check for the account listed, which shows the account holder's name, bank account number, and routing number—ensure that the check is clearly marked as "VOID" across the front; or, (2) letter from bank, printed on official bank letterhead, that confirms the account holder's name, account number, and routing number—the letter must be signed by a representative of the bank and include their contact information for verification purposes.

i This question is not applicable due to a previous response.

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- B. If you selected **electronic transfer of funds** in the previous question, the window displays a request for you to upload a financial document.

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sections complete

- ✓ **Section 1: MTF DM User Roles**
 - ✓Q1: MTF DM User Roles
- ✓ **Section 2: Dispensing Entity Identification Information**
 - Instructions
 - ✓Q1/1A: Dispensing Entity Identification
 - ✓Q2: Location Information
 - ✓Q3/3A: Material Cashflow Concerns
- Section 3: Dispensing Entity Financial Information**
 - Instructions
 - ✓Q1: Third-Party Support Entity Refund Recipient
 - ✓Q1A: Third-Party Support Entity Remittance Advice
 - ✓Confirmation
 - ✓Q1B/1C/1D: MFP Refund Payment Preference
 - Q1E: Confirmation of Financial Information**
 - Q2: Third-Party Support Entity Acknowledgement
 - Q3: Nonprofit Organization
- Section 4: Dispensing Entity MFP Refund Payment Instructions for Primary**

Dispensing Entity Enrollment - Dispensing Entity 9 (0000009)

In Progress

Section 3: Dispensing Entity Financial Information

Question 1E To enable electronic transfer of funds, please upload one of the following documents to verify the banking information provided: either (1) voided check for the account listed, which shows the account holder's name, bank account number, and routing number—ensure that the check is clearly marked as "VOID" across the front; or, (2) letter from bank, printed on official bank letterhead, that confirms the account holder's name, account number, and routing number—the letter must be signed by a representative of the bank and include their contact information for verification purposes.

Upload a financial information document

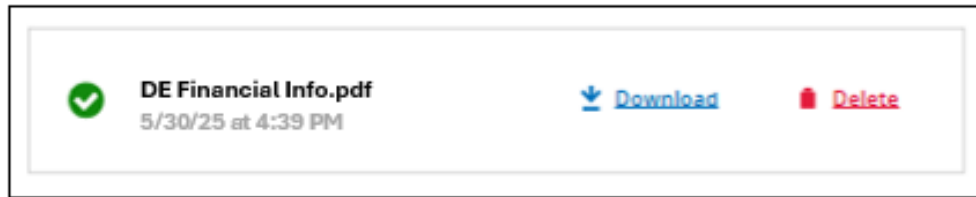
Drag and drop your files here, or

Supported formats: PDF, PNG, JPG, JPEG
Maximum file size: 100MB

[Browse Files](#)

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- C. Read the instructions before uploading the document.
- D. Upload the document. The window now indicates the upload was successful.



29. Click on the **Save** button. The **Section 3 Question 2** window opens.

- A. If you answered No to both Questions 1 and 1A, the Question 2 window contains a message stating that the question is not applicable.
- B. Click on the **Save** button. The **Section 3 Question 3** window opens.

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- ✓ Section 1: MTF DM User Roles
 - ✓ Q1: MTF DM User Roles
- ✓ Section 2: Dispensing Entity Identification Information
 - Instructions
 - ✓ Q1/1A: Dispensing Entity Identification
 - ✓ Q2: Location Information
 - ✓ Q3/3A: Material Cashflow Concerns
- Section 3: Dispensing Entity Financial Information
 - In Progress

Section 3: Dispensing Entity Financial Information

Please confirm, as applicable, that the dispensing entity and the third-party support entity have mutually agreed that the third-party support entity named is authorized to act on behalf of the dispensing entity in the specified manner.

i This question is not applicable due to a previous response.

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- C. If you answered Yes to either Question 1 or 1A, the Question 2 window contains instructions and an acknowledgement box.

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- ✓ Section 1: MTF DM User Roles
 - ✓ Q1: MTF DM User Roles
- ✓ Section 2: Dispensing Entity Identification Information
 - Instructions
 - ✓ Q1/1A: Dispensing Entity Identification
 - ✓ Q2: Location Information
 - ✓ Q3/3A: Material Cashflow Concerns
- Section 3: Dispensing Entity Financial Information
 - In Progress

Section 3: Dispensing Entity Financial Information

Question 2 If you indicated that a third-party support entity will receive MFP refunds and/or ERAs or remittance advice on your behalf in Question 1, please indicate your authorization for the MTF to use and rely on the third-party support entity's information as reported to NCPDP dataQ[®] Pharmacy Database. Your response will guide how we verify dispensing entity/third-party support entity relationship information. Accordingly, please ensure that your information in NCPDP dataQ[®] Pharmacy Database is correct and up to date.

☐ Yes, I acknowledge and agree

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- D. Read the instructions before answering the question.

30. Click on the **Save** button. The **Section 3 Question 3** window opens.

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sections complete

Section 1: MTF DM User Roles
✓Q1: MTF DM User Roles

Section 2: Dispensing Entity Identification Information
Instructions
✓Q1/1A: Dispensing Entity Identification
✓Q2: Location Information
✓Q3/3A: Material Cashflow Concerns

Section 3: Dispensing Entity Financial Information
Instructions
✓Q1: Third-Party Support Entity Defund Recipient

Dispensing Entity Enrollment - Dispensing Entity 9 (0000009)

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Section 3: Dispensing Entity Financial Information

Question 3 Please indicate whether your dispensing entity is a nonprofit organization. A nonprofit organization is generally defined as an entity that is exempt from federal income tax under Internal Revenue Code Section 501(c). Nonprofit dispensing entities will not receive an IRS Form 1099.

Is the dispensing entity a nonprofit organization?

☐ Yes

☐ No

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31. Read the instructions before answering the question.

32. Click on the **Save** button. The **Section 4 Instructions** window opens.

Section 4: Dispensing Entity MFP Refund Payment Instructions

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sections complete

✓ Section 1: MTF DM User Roles ^
✓Q1: MTF DM User Roles

✓ Section 2: Dispensing Entity Identification Information ^
Instructions
✓Q1/1A: Dispensing Entity Identification
✓Q2: Location Information
✓Q3/3A: Material Cashflow Concerns

✓ Section 3: Dispensing Entity Financial Information ^
Instructions
✓Q1: Third-Party Support Entity Refund Recipient

Dispensing Entity Enrollment - Dispensing Entity 9 (0000009)

In Progress

Section 4: Dispensing Entity MFP Refund Payment Instructions for Primary Manufacturers Not Participating in the MTF PM

This section asks you to acknowledge and confirm key enrollment information intended for Primary Manufacturers that choose not to pass payment through the MTF PM.

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33. Click on the **Save** button. The **Section 4 Questions 1 & 2** window opens.

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sections complete

- ✓ Section 1: MTF DM User Roles
 - ✓ Q1: MTF DM User Roles
- ✓ Section 2: Dispensing Entity Identification Information
 - Instructions
 - ✓ Q1/1A: Dispensing Entity Identification
 - ✓ Q2: Location Information
 - ✓ Q3/3A: Material Cashflow Concerns
- ✓ Section 3: Dispensing Entity Financial Information
 - Instructions
 - ✓ Q1: Third-Party Support Entity Refund Recipient
 - ✓ Q1A: Third-Party Support Entity Remittance Advice
 - ✓ Confirmation
 - ✓ Q1B/1C/1D: MFP Refund Payment Preference
 - ✓ Q1E: Confirmation of Financial Information
 - ✓ Q2: Third-Party Support Entity Acknowledgment
 - ✓ Q3: Nonprofit Organization
- Section 4: Dispensing Entity MFP Refund Payment Instructions for Primary Manufacturers Not Participating in the MTF PM**
 - Instructions
 - Q1/2: Information Sharing**
- Section 5: Dispensing Entity Contact Information
 - Instructions
 - Q1: Dispensing Entity Contact Information
- Section 6: Dispensing Entity Certification
 - Instructions
 - Q1: Certification of Dispensing Entity Submissions

Dispensing Entity Enrollment - Dispensing Entity 9 (0000009)

In Progress

Section 4: Dispensing Entity MFP Refund Payment Instructions for Primary Manufacturers Not Participating in the MTF PM

Question 1 **Dispensing Entity Acknowledgment of Information Sharing with Primary Manufacturers Not Using the MTF PM.**

For Primary Manufacturers that are not utilizing the MTF PM, CMS plans to make available through the MTF DM the dispensing entity's financial information: preference for electronic transfer of funds or check; bank account information (if dispensing entity prefers MFP refunds to be sent directly to itself via electronic transfer of funds) or payment instructions to a third-party support entity; designated destination for ERAs or remittances; and contact information to support the Primary Manufacturer's creation and transmission of an ERA or remittance to the dispensing entity. Your information will only be shared with applicable Primary Manufacturers and kept confidential. Please indicate your acknowledgment and acceptance.

☐ Yes, I acknowledge and agree

Question 2 **Confirmation of Dispensing Entity MFP Refund Payment Instructions to a Third-Party Support Entity.**

If you indicated in Section 3, Questions 1 and/or 1A that MFP refund payments and/or ERAs or remittance advice should be sent and made available to a third-party support entity, please confirm those details by filling in the table, below. Your entry must match your response in Section 3, Questions 1 and/or 1A. Your third-party support entity's information will be obtained through their respective enrollment form.

Name of Third Party Support Entity to which MFP refund should be sent (should match the entry under "Name" in Section 3, Question 1)	<input type="text"/>
ID of the Third Party Support Entity to which MFP refund payments should be sent (should exactly match "Entity ID" in Section 3, Question 1)	<input type="text"/>
Name of the Third Party Support Entity to which ERAs or remittance advice should be sent (should match the entry under "Name" in Section 3, Question 1A)	<input type="text"/>
ID of the Third Party Support Entity to which ERAs or remittance advice should be sent (should exactly match "Entity ID" in Section 3, Question 1A)	<input type="text"/>

[< Previous](#) [Save >](#)

34. Read the instructions and click on the **Yes, I acknowledge and agree** box. A check appears in the box. If applicable, fill out the data for Question 2. The information should match your responses in Section 3, Questions 1 & 1A.

35. Click on the **Save** button. The **Section 5 Instructions** window opens.

Section 5: Dispensing Entity Contact Information

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sections complete

- ✓ **Section 1: MTF DM User Roles** ^
✓Q1: MTF DM User Roles
- ✓ **Section 2: Dispensing Entity Identification Information** ^
Instructions
✓Q1/1A: Dispensing Entity Identification
✓Q2: Location Information
✓Q3/3A: Material Cashflow Concerns
- ✓ **Section 3: Dispensing Entity Financial Information** ^
Instructions
✓Q1: Third-Party Support Entity Refund Recipient
✓Q1A: Third-Party Support Entity Remittance Advice
✓Confirmation
✓Q1B/1C/1D: MFP Refund Payment Preference
✓Q1E: Confirmation of Financial Information

Dispensing Entity Enrollment - Dispensing Entity 9 (0000009)

In Progress

Section 5: Dispensing Entity Contact Information

Please provide information for two points of contact within the Dispensing Entity. The designated points of contact in this section do not need to match the contacts registered with NCPDP. However, they should be individuals who are knowledgeable about the contents in this form and able to respond to any inquiries from CMS or the MTF if clarifications or additional information is needed. Accordingly, please ensure that the designated points of contacts are familiar with the details provided on this form and can provide timely responses.

Instructions

- Both tables should be completed in their totality, with one exception regarding the number of phone numbers.
- Enter the name and title of a contact person who can answer questions about the information submitted on this form.
- For each point of contact, two phone numbers are requested, with one being required. If a point of contact only has one phone number they can be reached at, CMS will accept submissions with only one; if no second phone number, indicate "Not Available" in the relevant field.

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36. Read the instructions.

37. Click on the **Save** button. The **Section 5 Question 1** window opens.

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sections complete

✓ Section 1: MTF DM User Roles
✓Q1: MTF DM User Roles

✓ Section 2: Dispensing Entity Identification Information
Instructions
✓Q1/1A: Dispensing Entity Identification
✓Q2: Location Information
✓Q3/3A: Material Cashflow Concerns

✓ Section 3: Dispensing Entity Financial Information
Instructions
✓Q1: Third-Party Support Entity Refund Recipient
✓Q1A: Third-Party Support Entity Remittance Advice
✓Confirmation
✓Q1B/1C/1D: MFP Refund Payment Preference
✓Q1E: Confirmation of Financial Information
✓Q2: Third-Party Support Entity Acknowledgement
✓Q3: Nonprofit Organization

✓ Section 4: Dispensing Entity MFP Refund Payment Instructions for Primary Manufacturers Not Participating in the MTF PM
Instructions
✓Q1/2: Information Sharing

● Section 5: Dispensing Entity Contact Information
Instructions
Q1: Dispensing Entity Contact Information

○ Section 6: Dispensing Entity Certification
Instructions
Q1: Certification of Dispensing Entity Submissions

Dispensing Entity Enrollment - Dispensing Entity 9 (0000009)

In Progress

Section 5: Dispensing Entity Contact Information

Question 1

Primary Point of Contact

First Name
Please Enter the First Name

Last Name
Please Enter the Last Name

Title
Please Enter the Title

Email Address
Please Enter the Email Address

Phone Number-1
Please Enter the Phone Number-1 (###-###-####)

Phone Number-2 (Optional)

Secondary Point of Contact

First Name
Please Enter the First Name

Last Name
Please Enter the Last Name

Title
Please Enter the Title

Email Address
Please Enter the Email Address

Phone Number-1
Please Enter the Phone Number-1 (###-###-####)

Phone Number-2 (Optional)

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38. Fill out the data.

39. Click on the **Save** button. The **Section 6 Instructions** window opens.

Section 6: Dispensing Entity Certification

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sections complete

- ✓ **Section 1: MTF DM User Roles** ^
✓Q1: MTF DM User Roles
- ✓ **Section 2: Dispensing Entity Identification Information** ^
Instructions
✓Q1/1A: Dispensing Entity Identification
✓Q2: Location Information
✓Q3/3A: Material Cashflow Concerns
- ✓ **Section 3: Dispensing Entity Financial Information** ^
Instructions
✓Q1: Third-Party Support Entity Refund Recipient
✓Q1A: Third-Party Support Entity Remittance Advice
✓Confirmation

Dispensing Entity Enrollment - Dispensing Entity 9 (0000009)

Ready for Certification

Section 6: Dispensing Entity Certification

Please finalize your submission by certifying the completeness and accuracy of the information in Sections 1 through 5.

Instructions

An individual eligible to certify this submission on behalf of the dispensing entity must be one of the following:

1. The chief executive officer (CEO) of the organization,
2. The chief financial officer (CFO) of the organization,
3. An individual other than a CEO or CFO, who has authority equivalent to a CEO or CFO of the organization, or
4. An individual with the directly delegated authority to perform the certification on behalf of one of the individuals mentioned in (1) through (3).

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40. Read the instructions and click on the **Save** button. The **Section 6 Certification** window opens.

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sections complete

- ✓ **Section 1: MTF DM User Roles**
 - ✓Q1: MTF DM User Roles
- ✓ **Section 2: Dispensing Entity Identification Information**
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 - ✓Q1/1A: Dispensing Entity Identification
 - ✓Q2: Location Information
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- ✓ **Section 3: Dispensing Entity Financial Information**
 - Instructions
 - ✓Q1: Third-Party Support Entity Refund Recipient
 - ✓Q1A: Third-Party Support Entity Remittance Advice
 - ✓Confirmation
 - ✓Q1B/1C/1D: MFP Refund Payment Preference
 - ✓Q1E: Confirmation of Financial Information
 - ✓Q2: Third-Party Support Entity Acknowledgement
 - ✓Q3: Nonprofit Organization
- ✓ **Section 4: Dispensing Entity MFP Refund Payment Instructions for Primary Manufacturers Not Participating in the**

Dispensing Entity Enrollment - Dispensing Entity 9 (0000009)

Ready for Certification

Section 6: Dispensing Entity Certification

Certification:

I hereby certify, to the best of my knowledge, that the information being sent to CMS in this submission is complete and accurate, and the submission was prepared in good faith and after reasonable efforts. I reviewed the submission and made a reasonable inquiry regarding its content. I understand the information contained in this submission is being provided to and will be relied upon by CMS to facilitate payment of an MFP retrospective refund on MFP-eligible claims of selected drugs from the Primary Manufacturer to the dispensing entity in accordance with section 1193(a)(3) of the Social Security Act. I also certify that I will timely notify CMS if I become aware that any of the information submitted in this form has changed.

☐ Yes
☐ No

Full Name (e-signature)

Date

Certify

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41. If a message appears stating that there are incomplete sections, you must complete them before certifying the enrollment.
42. Select **Yes** or **No**.
43. If you selected **Yes**, enter your **Signature** and **Date**, and then click on the **Certify** button. A successful certification message appears.

✓ **Enrollment completed on 05/30/2025 at 5:06 PM**

Nothing else is needed at this time.

If you selected **No**, the other fields are disabled, and you cannot certify the enrollment.

5.3 Third-Party Support Entity Enrollment

Third-party support entities acting on behalf of dispensing entities enrolled in the MTF also must enroll.

5.3.1 Before You Begin Enrollment

CMS will use the NCPDP Pharmacy Database to identify and validate initial third-party support entity users, or first users, who will enroll their organizations in MTF. These users will be responsible for verifying their identity via CMS's Identity Management system, creating an account in MTF, and attesting to their role in their organization. In addition, the first user will be responsible for inviting other users from their organization to register for access to MTF.

The information that is contained in the NCPDP Pharmacy Database for your organization at the time of enrollment is what the MTF will rely upon to both 1) identify and validate you as a first user, and 2) pre-populate certain fields in the Dispensing Entity Enrollment Questionnaire, if permitted by your dispensing entity.

Please ensure this information is up to date prior to beginning the enrollment process. If, while completing your enrollment, you note that you need to update your NCPDP Pharmacy Database data, note that it might take at least 2 weeks from the date of your update until CMS receives the refresh of the data.

You can update your organization's information via the NCPDP [website](#).

Verify the following organization information in the NCPDP Pharmacy Database.

- Legal Business Name
- Doing Business As (DBA) Name (if applicable)
- Mailing Address: Street, City, State, Zip
- Business Address: Street, City, State, Zip
- Federal Tax Identification Number
- Payment Center Name and ID (if applicable)
- Remit and Reconciliation Name and ID (if applicable)

Contact Information (Primary and Secondary)

- Name
- Title
- Email Address
- Phone Number (one required and one optional)

5.3.2 Enrolling Your Organization

After you have completed your account registration as an Authorized Signatory Official or Access Manager as described in Section 4, you can enroll your organization.

When you log into the MTF the **Welcome to the Medicare Transition Facilitator** window opens.

Please note: There are various information/resource links.

Medicare Transaction Facilitator (MTF)

[Help Desk](#)
[My Account](#)

Log out

Administration
DE/TPSE Enrollment
Manufacturer Dashboard

Welcome to the Medicare Transaction Facilitator (MTF)

MTF for Dispensing Entities and Third-Party Support Entities

The MTF user interface will serve as a single point of access to assist dispensing entities in the Maximum Fair Price (MFP) effectuation process. CMS anticipates many benefits for dispensing entities using the MTF, some of which are described in section 40.4 of the [Manufacturer Effectuation of the MFP in 2026 and 2027](#) ("final guidance").

Key Resources

- The Pharmacy and Dispensing Entities resources Fact Sheet and Frequently Asked Questions document details key information for pharmacies and other dispensing entities that will engage with the new new new MTF system, a core component of implementing the Negotiation Program.
 - [Medicare Transaction Facilitator: Fact Sheet for Pharmacies and Dispensing Entities \(PDF\)](#) (April 7, 2025)
 - [Medicare Transaction Facilitator: Frequently Asked Questions for Pharmacies and Other Dispensing Entities](#) (April 7, 2025)
 - [MTF User Guide Segment 1](#)
- More information about the Medicare Drug Price Negotiation Program broadly, including the manufacturers of the drugs selected for negotiations, the timeline for the implementation, program guidance, Information Collection Requests, and other relevant program information is available [here](#).

Enrollment Timeline

Phase I: Pre-Enrollment

Late March - May 2025

- Dispensing entities and Third Party Support Entities update NCPDP information
- CMS posts FAQs and other resources

Phase II: Enrollment

June - December 2025

- CMS launches the MTF enrollment module
- Dispensing entities and TPSEs enroll in the MTF

Implementation: January 2026

- MFP Refund Payments Begin

Help Desk

If you need help with the MTF, your profile, or submitting a complaint or dispute, get help at the MTF Help Desk.

Contact Us

Have a question, input, or feedback? For questions about the MTF, email MFPMedicareTransactionFacilitator@cms.hhs.gov.

For general questions about the Medicare Drug Price Negotiation Program, email us at IBAREbateandNegotiation@cms.hhs.gov

Sign Up for Emails

Please sign up to receive emails about the MTF by clicking [this link](#), entering your email address, and selecting "Medicare Transaction Facilitator" under the Center for Medicare.

- Click on the **DE/TPSE Enrollment** tab. The **Welcome to the Third-Party Support Entity Enrollment** window opens. The **Entity type** field is auto filled with **Third-party support entity**. Your organization is listed in the **TPSE Profile** field. If you are associated with multiple organizations, they will be listed. Select the appropriate one.

Medicare Transaction Facilitator (MTF)[Help Desk](#)[My Account](#)[Log out](#)

Administration ▾DE/TPSE EnrollmentManufacturer Dashboard

Welcome to the Third-Party Support Entity Enrollment

Here, you can:

- Enroll and keep your information current
- Help DEs receive refunds from manufacturers
- Access remittance advice on behalf of DEs
- Find technical assistance

For more information about the Medicare Drug Price Negotiation Program and the 10 selected drugs covered under Medicare Part D with maximum fair prices (MFPs) that will go into effect on January 1, 2026, please visit [CMS' website](#).

Choose between Dispensing entity or Third-party support entity.

Entity type

Third-party support entity ▾

TPSE Profile

Third Party Supporting Entity 1 (0000001) ▾

The enrollment process should take less than an hour to complete. You can save your progress at any time and return later if needed.

[View enrollment form](#)

2. Click on the **View Enrollment Form** button. The **Third-Party Support Entity Enrollment** page opens. **Section 1: MTF DM User Roles** is displayed.

Section 1: MTF DM User Roles

Medicare Transaction Facilitator (MTF) [Help Desk](#) [My Account](#) [Log out](#)

Administration ▾ DE/TPSE Enrollment Manufacturer Dashboard

1 / 5
sections complete

- Section 1: MTF DM User Roles
 - ✓Q1: MTF DM User Roles
- Section 2: Third-Party Support Entity Identification Information
 - Instructions
 - Q1: Organization Information
 - ✓Q2: NCPDP ID Number
- Section 3: Third-Party Support Entity Financial Information
 - Instructions
 - Q1/1A/1B/1C: Payment Preference
 - Q2: Nonprofit Organization
- Section 4: Third-Party Support Entity Contact Information
 - Instructions
 - Q1: Third-Party Support Entity Contact Information

Third-Party Support Entity Enrollment - Third Party Supporting Entity 3 (0000003)

In Progress

Section 1: MTF DM User Roles

[Manage users within your Third-Party Support Entity](#)

Third-Party Support Entity Users		
User Role	User Full Name	User Email Address
Enter text to filter column	Enter text to filter column	Enter text to filter column
Staff End User	TPSE StaffEnd	ZMapara@triafed.com
Access Manager	TPSE Access	Zankhana.Mapara@softtrams.com
Authorized Signatory Official	Scott Mucci	smucci@dcca.com

10 items per page 1 - 3 of 3 items

Save >

- This read-only screen lists your organization's users and their roles.

The **Manage users within Your Third-Party Support Entity** link allows users with the Authorized Signatory Official and Access Manager roles to view and manage user data.

See [Section 4.3.1](#) for the user management processes.

- Click on the **Save** button. The **Section 2 Instructions** window opens.

Section 2: Third-Party Support Entity Identification Information

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Administration ▾ DE/TPSE Enrollment Manufacturer Dashboard

1 / 5
sections complete

Section 1: MTF DM User Roles
✓Q1: MTF DM User Roles

Section 2: Third-Party Support Entity Identification Information
In Progress
Instructions
Q1: Organization Information
✓Q2: NCPDP ID Number

Section 3: Third-Party Support Entity Financial Information
Instructions
Q1/1A/1B/1C: Payment Preference
Q2: Nonprofit Organization

Section 4: Third-Party Support Entity Contact Information
Instructions
Q1: Third-Party Support Entity Contact Information

Third-Party Support Entity Enrollment - Third Party Supporting Entity 3 (0000003)

Section 2: Third-Party Support Entity Identification Information

Section 2 requires identifying information about the third-party support entity acting on behalf of a dispensing entity enrolled in the MTF DM, including the third-party support entity's federally issued identifying information and demographic, geographic, and relationship information for verification purposes to enable enrollment efficiencies in the MTF DM.

Instructions

Third-party support entities acting on behalf of dispensing entities enrolled in the MTF DM should answer all questions. If the question is not applicable, please indicate as such in the corresponding text field.

[< Previous](#) [Save >](#)

5. Read the instructions before answering the questions.
6. Click on the **Save** button. The **Section 2 Question 1** window opens.

Medicare Transaction Facilitator (MTF) [Help Desk](#) [My Account](#) [Log out](#)

Administration ▾ DE/TPSE Enrollment Manufacturer Dashboard

1 / 5
sections complete

Section 1: MTF DM User Roles
✓Q1: MTF DM User Roles

Section 2: Third-Party Support Entity Identification Information
In Progress
Instructions
Q1: Organization Information
✓Q2: NCPDP ID Number

Section 3: Third-Party Support Entity Financial Information
Instructions
Q1/1A/1B/1C: Payment Preference
Q2: Nonprofit Organization

Section 4: Third-Party Support Entity Contact Information
Instructions

Third-Party Support Entity Enrollment - Third Party Supporting Entity 3 (0000003)

Section 2: Third-Party Support Entity Identification Information

Question 1 Complete the following table for your organization. If mailing address and business address are the same, please indicate that in the text box rather than filling out the same address twice.

[Add Business](#)

Legal Business Name	Doing Business As (DBA) Name	Mailing Address	Business Address	Federal Tax Identification Number	Actions
No records available					

10 items per page 0 - 0 of 0 items

[< Previous](#) [Save >](#)

7. Read the instructions before answering the question.
 - A. Click on the **Add Business** button. The **Add Business** window opens.

Add Business

Legal Business Name

Doing Business As (DBA) Name

Mailing Address Line 1

Mailing Address Line 2

Mailing City

Mailing State

Select state

Mailing Zip Code

Business Address is the same With Mailing Address

Yes

No

Business Address Line 1

Business Address Line 2

Business City

Business State

Select state

Business Zip Code

Federal Tax Identification Number

Cancel

Add

B. Add your organization's data, and then click on the **Add** button. The Add Business window closes.

The data you entered will appear in the Third-Party Support Entity Address table.

8. Click on the **Save** button. The **Section 2 Question 2** window opens.

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2 / 5
sections complete

- ✓ **Section 1: MTF DM User Roles** ^
✓Q1: MTF DM User Roles
- **Section 2: Third-Party Support Entity Identification Information** ^
Instructions
✓Q1: Organization Information
✓Q2: NCPDP ID Number
- **Section 3: Third-Party Support Entity Financial Information** ^
Instructions
Q1/1A/1B/1C: Payment Preference
Q2: Nonprofit Organization

Third-Party Support Entity Enrollment - Third Party Supporting Entity 3 (0000003)

In Progress

Section 2: Third-Party Support Entity Identification Information

Question 2 Please review the National Council for Prescription Drug Programs (NCPDP) identification number for accuracy.

Relationship Name
Third Party Supporting Entity 3

Relationship ID
0000103

[< Previous](#) [Save >](#)

9. The data fields on this screen will be prepopulated from the NCPDP Pharmacy Database. The fields will vary based on your organization's data.
10. Click on the **Save** button. The **Section 3 Instructions** window opens.

Section 3: Third-Party Support Entity Financial Information

Medicare Transaction Facilitator (MTF) [Help Desk](#) [My Account](#) [Log out](#)

Administration ▾ DE/TPSE Enrollment Manufacturer Dashboard

2 / 5 sections complete

- Section 1: MTF DM User Roles
 - ✓Q1: MTF DM User Roles
- Section 2: Third-Party Support Entity Identification Information
 - Instructions
 - ✓Q1: Organization Information
 - ✓Q2: NCPDP ID Number
- Section 3: Third-Party Support Entity Financial Information**
 - Instructions
 - Q1: 1A/1B/1C: Payment Preference
 - Q2: Nonprofit Organization
- Section 4: Third-Party Support Entity Contact Information
 - Instructions
 - Q1: Third-Party Support Entity Contact Information
- Section 5: Third-Party Support Entity Certification
 - Instructions
 - Q1: Certification of Third-Party Support Entity Submission of Sections 1 through 4

Third-Party Support Entity Enrollment - Third Party Supporting Entity 3 (0000003)

In Progress

Section 3: Third-Party Support Entity Financial Information

Financial information and account details should be provided by third-party support entities authorized to receive MFP refund payment from Primary Manufacturers through the MTF PM. This information may also be necessary for establishing accurate remittance advices or ERAs.

Instructions

- In Question 1 of this section, please indicate your organization's preference to receive either a paper check or an electronic transfer of funds. If electronic transfer of funds is selected, please enter the required financial information to enable receipt of electronic transfer of funds under Question 1A. If paper check is selected, please enter the required payment address information under Question 1B.
- In completing this section, please note the following:
 - The financial institution's name must be the legal business name of that financial institution.
 - The account to which electronic transfer of funds payments is made must bear the account holder's name and legal business name.
 - Account number should include applicable leading zeros.
- The third-party support entity is responsible for maintaining the accuracy of information in this section and reporting any changes over time. Upon any change to the information in this section, the enrollee should update the information in this form via the MTF DM. In particular, maintaining up to date information regarding banking information, or arrangements between a dispensing entity and a third-party support entity managing MFP refund payments on a dispensing entity's behalf will be crucial to maintaining the flow of MFP refunds.
- Under Question 1C of this section, please submit a voided check or a letter on the bank's letterhead for verification purposes. This helps to ensure the accuracy of account details and prevents errors in payment processing. Only one type of documentation is needed. When submitting the banking verification documentation, it should contain the name on the account (account holder's name), routing number, account number, and account type. If submitting bank letterhead, the bank officer's name and signature is also required. **NOTE:** Supporting bank documents must be in the organization's legal business name only.

[< Previous](#) [Save >](#)

11. Read the instructions before answering the questions.

12. Click on the **Save** button. The **Section 3 Question 1** window opens.

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2 / 5 sections complete

- Section 1: MTF DM User Roles
 - ✓Q1: MTF DM User Roles
- Section 2: Third-Party Support Entity Identification Information
 - Instructions
 - ✓Q1: Organization Information
 - ✓Q2: NCPDP ID Number
- Section 3: Third-Party Support Entity Financial Information**
 - Instructions

Third-Party Support Entity Enrollment - Third Party Supporting Entity 3 (0000003)

In Progress

Section 3: Third-Party Support Entity Financial Information

Question 1 While the MTF will keep your financial information on file, whether you will be the recipient of MFP refund payments depends on the dispensing entity's response in Part I, Section 3 of this form. Accordingly, select a preference.

MFP Refund Payment Preference

--- Select One ---

[< Previous](#) [Save >](#)

13. The dropdown menu lists three choices:

- Electronic Transfer of Funds:** If you select this, banking information data entry fields open and a file upload field appears.

Medicare Transaction Facilitator (MTF) Help Desk My Account Log out

Administration ▾ DE/TPSE Enrollment Manufacturer Dashboard

2 / 5
sections complete

- Section 1: MTF DM User Roles ✓
✓Q1: MTF DM User Roles
- Section 2: Third-Party Support Entity Identification Information ✓
Instructions
✓Q1: Organization Information
✓Q2: NCPDP ID Number
- Section 3: Third-Party Support Entity Financial Information** In Progress
Instructions
Q1/1A/1B/1C: Payment Preference
Q2: Nonprofit Organization
- Section 4: Third-Party Support Entity Contact Information ○
Instructions
Q1: Third-Party Support Entity Contact Information
- Section 5: Third-Party Support Entity Certification ○
Instructions
Q1: Certification of Third-Party Support Entity Submission of Sections 1 through 4

Third-Party Support Entity Enrollment - Third Party Supporting Entity 3 (0000003)

Section 3: Third-Party Support Entity Financial Information

Question 1 While the MTF will keep your financial information on file, whether you will be the recipient of MFP refund payments depends on the dispensing entity's response in Part I, Section 3 of this form. Accordingly, select a preference.

MFP Refund Payment Preference
Electronic transfer of funds

Bank Name

Bank Account Holder

Bank Account Type
Select account type

Recipient's Bank Account Number

Re-enter Recipient's Bank Account Number

Recipient's Bank Routing Number

Re-enter Recipient's Bank Routing Number

Confirmation of Information Needed for Electronic Transfer of Funds.

To verify the banking information provided, please upload one of the following documents to your submission: either (1) voided check for the account listed, which shows the account holder's name, Bank Account Number, and routing number—ensure that the check is clearly marked as "VOID" across the front; or, (2) letter from bank, printed on official bank letterhead, that confirms the account holder's name, account number, and routing number—the letter must be signed by a representative of the bank and include their contact information for verification purposes

Upload a financial information document

Drag and drop your files here, or
Supported formats: PDF, PNG, JPG, JPEG
Maximum file size: 100MB

[Browse Files](#)

[< Previous](#) [Save >](#)

Enter the banking data.

Read the instructions for uploading the document for **Confirmation of Information Needed for Electronic Transfer of Funds**.

Upload the document. The window now indicates the upload was successful.

Click on the **Save** button. The **Section 3 Question 2** window opens.

- **Paper Check:** If you select this, payment and remittance address data entry fields open.

Enter the data.

Click on the **Save** button. The **Section 3 Question 2** window opens.

- **Not Applicable:** If you select this, click on the **Save** button. The **Section 3 Question 2** window opens.

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2 / 5
sections complete

✓ **Section 1: MTF DM User Roles** ^
✓Q1: MTF DM User Roles

✓ **Section 2: Third-Party Support Entity Identification Information** ^
Instructions
✓Q1: Organization Information
✓Q2: NCPDP ID Number

Section 3: Third-Party Support Entity Financial Information ^
Instructions
✓Q1/1A/1B/1C: Payment Preference

Third-Party Support Entity Enrollment - Third Party Supporting Entity 3 (0000003)

In Progress

Section 3: Third-Party Support Entity Financial Information

Question 2 Please indicate whether your third-party support entity is a nonprofit organization. A nonprofit organization is generally defined as an entity that is exempt from federal income tax under Internal Revenue Code Section 501(c). Nonprofit third-party support entities will not receive an IRS Form 1099.

Is the third-party support entity a nonprofit organization?

☐ Yes
☐ No

< Previous Save >

14. Read the instructions before answering the question.
15. Select Yes or No in answer to the question.
16. Click on the **Save** button. The **Section 4 Instructions** window opens.

Section 4: Third-Party Support Entity Contact Information

The screenshot shows the Medicare Transaction Facilitator (MTF) interface. At the top, there is a navigation bar with 'Administration', 'DE/TPSE Enrollment', and 'Manufacturer Dashboard'. On the right, there are links for 'Help Desk', 'My Account', and a 'Log out' button. The main content area is titled 'Third-Party Support Entity Enrollment - Third Party Supporting Entity 3 (0000003)' and is marked as 'In Progress'. A progress indicator on the left shows '3 / 5 sections complete'. The sections listed are: Section 1: MTF DM User Roles (completed), Section 2: Third-Party Support Entity Identification Information (completed), Section 3: Third-Party Support Entity Financial Information (completed), and Section 4: Third-Party Support Entity Contact Information (current). The current section, Section 4, contains instructions for providing contact information for two points of contact within the organization. The instructions state that the designated points of contact do not need to match the contacts registered with NCPDP, but they should be individuals who are knowledgeable about the contents of the form and able to respond to inquiries from CMS or the MTF. The instructions also specify that both tables should be completed in their totality, with one exception regarding the number of phone numbers. The instructions further state that the user should enter the name and title of a contact person who can answer questions about the information submitted on this form, and that if a point of contact only has one phone number they can be reached at, CMS will accept submissions with only one phone number. At the bottom of the form, there are buttons for '< Previous' and 'Save >'.

Medicare Transaction Facilitator (MTF) [Help Desk](#) [My Account](#) [Log out](#)

Administration DE/TPSE Enrollment Manufacturer Dashboard

3 / 5 sections complete

Section 1: MTF DM User Roles [^](#)
✓Q1: MTF DM User Roles

Section 2: Third-Party Support Entity Identification Information [^](#)
Instructions
✓Q1: Organization Information
✓Q2: NCPDP ID Number

Section 3: Third-Party Support Entity Financial Information [^](#)
Instructions
✓Q1/1A/1B/1C: Payment Preference
✓Q2: Nonprofit Organization

Section 4: Third-Party Support Entity Contact Information [^](#)

Third-Party Support Entity Enrollment - Third Party Supporting Entity 3 (0000003)

In Progress

Section 4: Third-Party Support Entity Contact Information

Please provide information for two points of contact within your organization. The designated points of contact in this section do not need to match the contacts registered with NCPDP. However, they should be individuals who are knowledgeable about the contents in this form and able to respond any inquiries from CMS or the MTF if clarifications or additional information is needed. Accordingly, please ensure that the designated points of contacts are familiar with the details provided on this form and can provide timely responses.

Instructions

- Both tables should be completed in their totality, with one exception regarding the number of phone numbers.
- Enter the name and title of a contact person who can answer questions about the information submitted on this form.
- If a point of contact only has one phone number they can be reached at, CMS will accept submissions with only one phone number.

[< Previous](#) [Save >](#)

17. Read the instructions before answering the question.

18. Click on the **Save** button. The **Section 4 Question 1** window opens.

Medicare Transaction Facilitator (MTF)

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Administration ▾ DE/TPSE Enrollment Manufacturer Dashboard

3 / 5
sections complete

✓ Section 1: MTF DM User Roles
✓Q1: MTF DM User Roles

✓ Section 2: Third-Party Support Entity Identification Information
Instructions
✓Q1: Organization Information
✓Q2: NCPOP ID Number

✓ Section 3: Third-Party Support Entity Financial Information
Instructions
✓Q1/1A/1B/1C: Payment Preference
✓Q2: Nonprofit Organization

Section 4: Third-Party Support Entity Contact Information
Instructions
Q1: Third-Party Support Entity Contact Information

○ Section 5: Third-Party Support Entity Certification
Instructions
Q1: Certification of Third-Party Support Entity Submission of Sections 1 through 4

Third-Party Support Entity Enrollment - Third Party Supporting Entity 3 (0000003)

In Progress

Section 4: Third-Party Support Entity Contact Information

Question 1

Primary Point of Contact

First Name
Please Enter the First Name

Last Name
Please Enter the Last Name

Title
Please Enter the Title

Email Address
Please Enter the Email Address

Phone Number-1
Please Enter the Phone Number-1 (###-###-####)

Phone Number-2 (Optional)

Secondary Point of Contact

First Name
Please Enter the First Name

Last Name
Please Enter the Last Name

Title
Please Enter the Title

Email Address
Please Enter the Email Address

Phone Number-1
Please Enter the Phone Number-1 (###-###-####)

Phone Number-2 (Optional)

< Previous

Save >

19. Enter the Primary and Secondary Point of Contact information.

20. Click on the **Save** button. The **Section 5 Instructions** window opens.

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Medicare Transaction Facilitator

Section 5: Third-Party Support Entity Certification

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4 / 5
sections complete

- ✓ **Section 1: MTF DM User Roles** ^
✓Q1: MTF DM User Roles
- ✓ **Section 2: Third-Party Support Entity Identification Information** ^
Instructions
✓Q1: Organization Information
✓Q2: NCPDP ID Number
- ✓ **Section 3: Third-Party Support Entity Financial Information** ^
Instructions
✓Q1/1A/1B/1C: Payment Preference
✓Q2: Nonprofit Organization
- ✓ **Section 4: Third-Party Support Entity Contact Information** ^

Third-Party Support Entity Enrollment - Third Party Supporting Entity 3 (0000003)

Ready for Certification

Section 5: Third-Party Support Entity Certification

Please finalize your submission by certifying the completeness and accuracy of the information in Sections 1 through 4.

Instructions

An individual eligible to certify this submission on behalf of the third-party support entity must be one of the following:

- The chief executive officer (CEO) of the organization,
- The chief financial officer (CFO) of the organization,
- An individual other than a CEO or CFO, who has authority equivalent to a CEO or CFO of the organization, or
- An individual with the directly delegated authority to perform the certification on behalf of one of the individuals mentioned in (1) through (3).

[< Previous](#) [Save >](#)

21. Read the instructions and click on the **Save** button. The **Section 5 Question 1** window opens.

If a message appears stating that there are incomplete sections, you must complete them before certifying the enrollment.

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4 / 5
sections complete

- ✓ **Section 1: MTF DM User Roles**
 - ✓Q1: MTF DM User Roles
- ✓ **Section 2: Third-Party Support Entity Identification Information**
 - Instructions
 - ✓Q1: Organization Information
 - ✓Q2: NCPDP ID Number
- ✓ **Section 3: Third-Party Support Entity Financial Information**
 - Instructions
 - ✓Q1/1A/1B/1C: Payment Preference
 - ✓Q2: Nonprofit Organization
- ✓ **Section 4: Third-Party Support Entity Contact Information**
 - Instructions
 - ✓Q1: Third-Party Support Entity Contact Information
- Section 5: Third-Party Support Entity Certification**
 - Instructions
 - [Q1: Certification of Third-Party Support Entity Submission of Sections 1 through 4](#)

Third-Party Support Entity Enrollment - Third Party Supporting Entity 3 (0000003)

[Ready for Certification](#)

Section 5: Third-Party Support Entity Certification

Question 1

Certification:

I hereby certify, to the best of my knowledge, that the information being sent to CMS in this submission is complete and accurate, and the submission was prepared in good faith and after reasonable efforts. I reviewed the submission and made a reasonable inquiry regarding its content. I understand the information contained in this submission is being provided to and will be relied upon by CMS to facilitate payment of an MFP retrospective refund on MFP-eligible claims of selected drugs from the Primary Manufacturer to the dispensing entity in accordance with section 1193(a)(3) of the Social Security Act. I also certify that I will timely notify CMS if I become aware that any of the information submitted in this form has changed.

☐ Yes

☐ No

Full Name (e-signature)

Date

[Certify](#)

[< Previous](#)

22. Select **Yes** or **No**.

23. If you selected **Yes**, enter your **Signature** and **Date**, and then click on the **Certify** button. A successful certification message appears.

✓ **Enrollment completed on 05/30/2025 at 5:06 PM**

Nothing else is needed at this time.

If you selected **No**, the other fields are disabled, and you cannot certify the enrollment.

6 MTF Functionality

6.1 MTF Data Overview

Figure 3 illustrates the end-to-end concept of operations for the MTF system, encompassing the key data exchanges required to generate refund claims, facilitate payment processing (for primary manufacturers that elect to use MTF PM), and report activity to stakeholders. The diagram includes interactions between the MTF DM and the CMS Drug Data Processing System, MTF PM, primary manufacturers, and dispensing entities/third-party support entities.

As shown, the first step in generating an MTF claim is ingestion of Prescription Drug Event data from the Drug Data Processing System and the Wholesale Acquisition Cost data from the Medi-Span® Prescription Drug Compendium. These inputs serve as the foundation for identifying eligible claims for maximum fair price refunds.

The next sections describe in detail the types of data exchanged with each MTF DM user type.

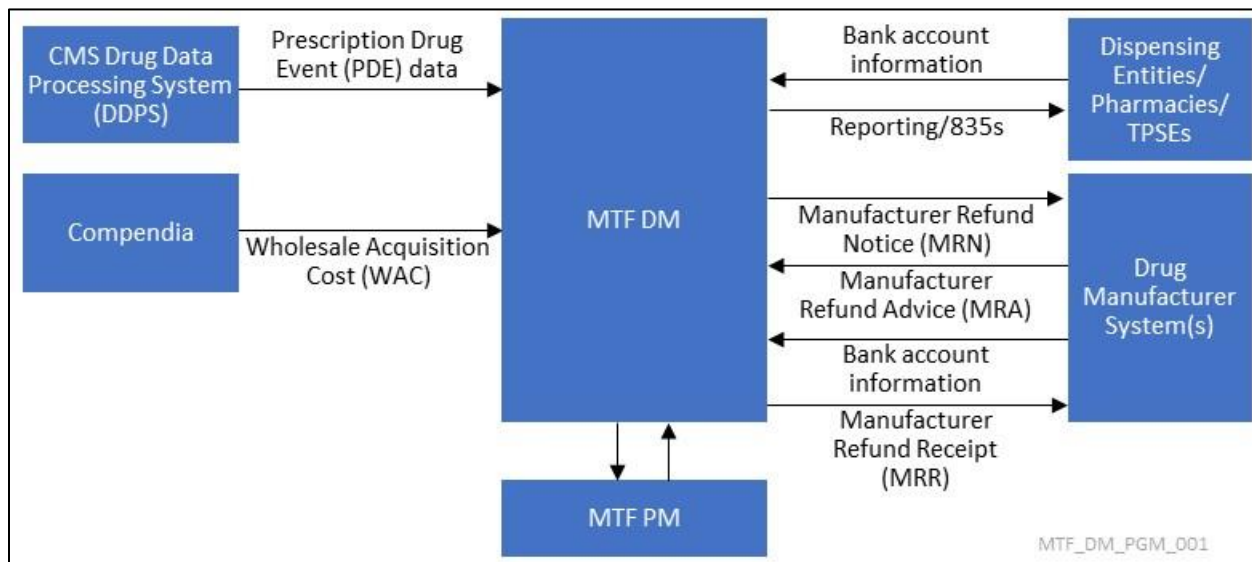


Figure 3. MTF Data Exchange Concept of Operations

6.1.1 Data Exchange between MTF DM and Manufacturers

- Bank Account Information:** Dispensing entity bank account and associated information will be available to primary manufacturers to issue payments to dispensing entities outside the MTF.
- Manufacturer Refund Notice (MRN):** Based on processed claims data, the MTF DM generates and sends a Manufacturer Refund Notice to primary manufacturers with selected MTF drugs. The Manufacturer Refund Notice includes claim-level data elements from Medicare Part D Prescription Drug Event claims for which the primary manufacturer needs to make the maximum fair price available and includes additional information such as a calculated Standard Default Refund Amount. The transmission of the original Manufacturer Refund Notice record for a given claim initiates the 14-day prompt maximum fair price payment window for the primary manufacturer to respond with their Manufacturer Refund Advice.

- **Manufacturer Refund Advice (MRA):** In response to the Manufacturer Refund Notice, primary manufacturers submit a Manufacturer Refund Advice of claim-level payment elements, specifying the amounts to be paid (if using MTF PM) or providing amounts already paid. The Manufacturer Refund Advice is the input that the MTF DM uses to provide instructions in the Pay File (described below) to the MTF PM contractor if a primary manufacturer has elected to participate in the MTF PM solution.
- **Manufacturer Refund Receipt (MRR):** A file generated by MTF containing payment confirmation. This receipt file will provide a notice to the primary manufacturer that acknowledges receipt and processing of claim-level payment elements by the MTF DM.

The following table provides the details of the MTF claim fields for the Manufacturer Refund Notice and Manufacturer Refund Advice.

Table 4. MTF Claim Fields for the Manufacturer Refund Notice and Manufacturer Refund Advice

Field	Segment
MTF Internal Claim Number	MRN
MTF Xref Internal Claim Number	MRN
Process Date	MRN
Transaction Code	MRN
Manufacturer Refund Advice Error Code	MRN
Medicare Source of Coverage	MRN
Date of Service (DoS)	MRN
Prescription Service Reference No	MRN
Fill Number	MRN
National Provider Identifier	MRN
NCPDP Programs ID	MRN
Prescriber ID	MRN
Product Service ID	MRN
Quantity Dispensed	MRN
Days Supply	MRN
340b Indicator	MRN
Contract Number	MRN
Wholesale Acquisition Cost Per Unit Price	MRN
Maximum Fair Price Per Unit	MRN
Standard Default Refund Amount	MRN
Service Provider Payment Method Preference	MRN
Previous Maximum Fair Price Refund Paid Product/Service Identifier	MRN
Previous Maximum Fair Price Refund Paid Amount	MRN
Previous Maximum Fair Price Refund Paid Date	MRN
Previous Maximum Fair Price Refund Paid Quantity	MRN
Previous Maximum Fair Price Refund Paid Method for Determining Maximum Fair Price Refund Amount	MRN
Manufacturer Refund Advice PM SWITCH	MRA
Method for Determining Maximum Fair Price Refund Amount	MRA
Quantity of Selected Drug	MRA
Amount of Funds Authorized	MRA

Field	Segment
Amount of Funds Requested	MRA
Total Maximum Fair Price Refund Amount	MRA
Maximum Fair Price Refund Adjustment (Yes or No)	MRA
Maximum Fair Price Refund Transmission Date and Time	MRA

The Manufacturer Refund Notice, Manufacturer Refund Advice, and Manufacturer Refund Receipt record data fields are included within the same Interface Control Document which is posted on the [Medicare Transaction Facilitator General Resources](#) webpage.

6.1.2 Data Exchange between MTF DM and Dispensing Entities and Third-Party Support Entities

- **835s / Reporting:** MTF DM provides 835s and summary reporting in the MTF DM user interface, with the ability for dispensing entities and third-party support entities to download data. See the [Draft MTF 835 Companion Guide](#) for more information about 835s.

7. Troubleshooting and Support

- If you have any questions about the MTF or the enrollment process or require technical assistance, please contact the MTF Help Desk at either 877-MTF-4HLP (877-683-4457) or MFPMedicareTransactionFacilitator@cms.hhs.gov. Hours of Operation: 7:00 a.m. - 7:30 p.m. ET.
- If you have questions about how to update your NCPDP Pharmacy Database data, contact pharmacyhelp@ncdp.org.
- If you have questions about CMS Identity Management, view the [CMS IDM Documentation](#) webpage.

8. MTF Resources and Links

- For more information on MTF, view the [MTF Factsheet](#).
- For additional information and support for dispensing entities and third-party support entities, visit the [Pharmacy and DE Resources](#) webpage.
- Dispensing entities and third-party support entities can update their organization's information *after* enrollment, via the [NCPDP website](#). (Primary manufacturers can update their information within the MTF.)
- [Information Collection Request for the Medicare Transaction Facilitator for 2026 and 2027 under Sections 11001 and 11002 of the Inflation Reduction Act \(IRA\)](#)

This document includes:

- A detailed timeline of file exchanges between DM and PM.
- A glossary describing each file's purpose, timing, sender, and description.
- A process flow diagram illustrating the interactions between DM and PM.
- [Draft 835 Companion Guide](#)

- Contains information regarding values and transaction sets that the MTF will supply in the 835 Electronic Remittance Advice to assist consumers to ingest an MTF 835.
- [Medicare Drug Price Negotiation Program Final Guidance for 2027 and Manufacturer Effectuation of the Maximum Fair Price in 2026 and 2027](#)
- [Apache Parquet](#)
- [Medicare Transaction Facilitator General Resources \(including MTF manufacturer and dispensing entity agreements\)](#)

9. Future Content

CMS will periodically update this User Guide as new components of the MTF are released to users. At the time of this initial release, CMS anticipates that future updates may include:

- Drug Data Processing System and compendia implementation
- MTF PM implementation
- Payment dashboards
- Manufacturer Refund Receipt

Appendix A: Acronyms

Table 5. Acronyms

Acronym	Definition
AM	Access Manager
ASO	Authorized Signatory Official
CMS	Centers for Medicare and Medicaid Services
DBA	Doing Business As
DDPS	Drug Data Processing System
DE	Dispensing Entity
DoS	Date of Service
IDM	Identity Management (CMS' Identity Management System)
MDRNG	Medicare Drug Rebate and Negotiation Group
MFP	Maximum Fair Price
MRA	Manufacturer Refund Advice
MRN	Manufacturer Refund Notice
MRR	Manufacturer Refund Receipt
MTF	Medicare Transaction Facilitator
MTF DM	Medicare Transaction Facilitator Data Module
MTF PM	Medicare Transaction Facilitator Payment Module

Acronym	Definition
NCPDP	National Council for Prescription Drug Programs
NPI	National Provider Identifier
SDRA	Standard Default Refund Amount
TPSE	Third-Party Support Entity
WAC	Wholesale Acquisition Cost

Appendix B: Record of Changes

Table 6. Record of Changes

Version Number	Issue Date	Description of Change
1.0	6-9-25	N/A